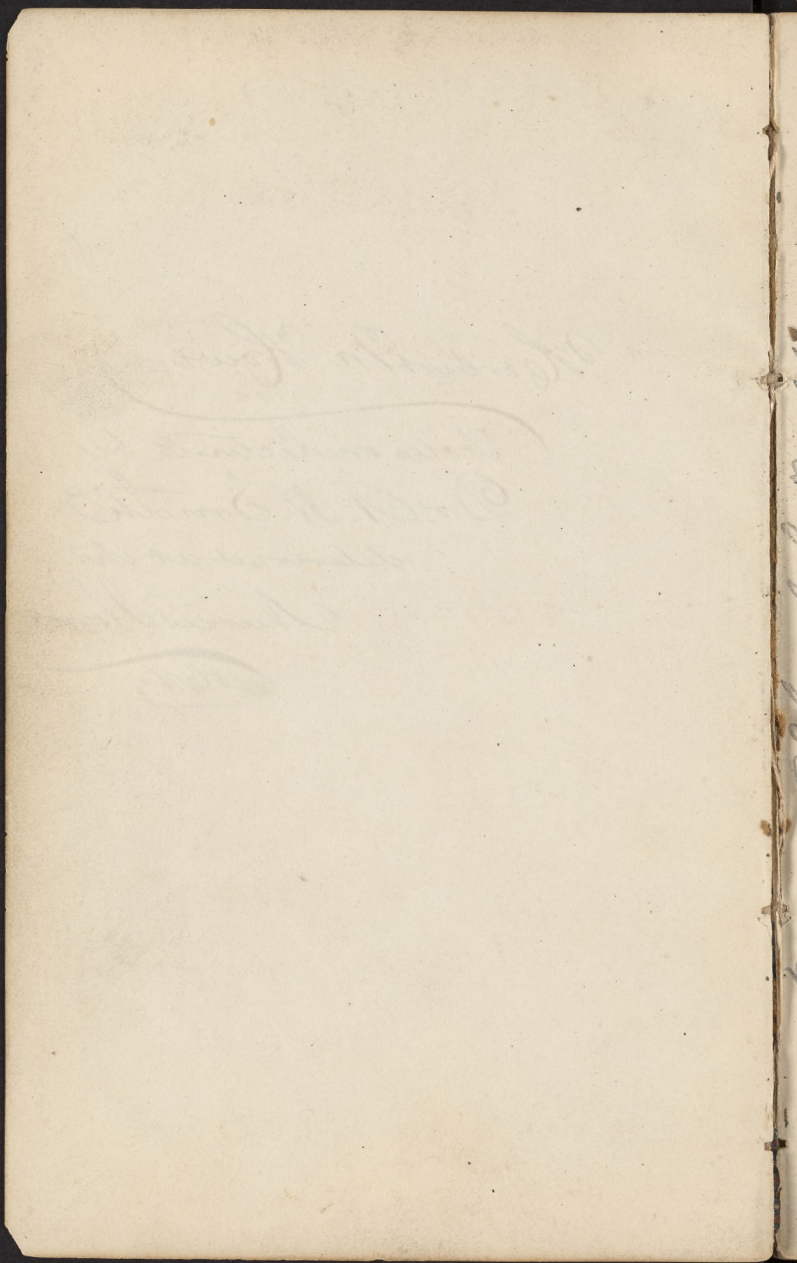
The image shows the front cover of an old book. The cover is decorated with a dense, repeating pattern of small, overlapping, wavy lines in shades of red, blue, and brown, creating a marbled effect. In the center of the cover is a rectangular white paper label. The label has some faint, illegible markings and a small dark smudge near the top center. The text on the label is written in a black, Gothic-style script.

Dr. Herbert M. Howe.



Herbert M. Howe.

Notes on lectures by
Dr. A. H. Smith
delivered at the
Nurses' Home
1884



227.53 Mrs Alfred E. B. Stet

1891

1. The first of the year was a very cold day.

2. The second day was a very cold day.

3. The third day was a very cold day.

4. The fourth day was a very cold day.

5. The fifth day was a very cold day.

6. The sixth day was a very cold day.

7. The seventh day was a very cold day.

8. The eighth day was a very cold day.

9. The ninth day was a very cold day.

10. The tenth day was a very cold day.

11. The eleventh day was a very cold day.

12. The twelfth day was a very cold day.

13. The thirteenth day was a very cold day.

14. The fourteenth day was a very cold day.

15. The fifteenth day was a very cold day.

16. The sixteenth day was a very cold day.

17. The seventeenth day was a very cold day.

18. The eighteenth day was a very cold day.

April 19th.

Labor pains are always felt in the back. The duration of labor except in Primipara is generally about four hours. Dr. Meigs computes the number of pains usually attending a case of labor to be about 47. In Primipara labor usually continues some fifteen, and even more hours. The first stage of labor begins with the first pain and continues until the Os is fully dilated. Here the second stage begins and

lasts until the child
is expelled. The third
and last stage has its
beginning after the birth
of the child and contin-
ues until the Placenta
and membranes are
delivered. The Sphinct-
ers frequently become
relaxed during the first
stage of Labor. From this
cause the involuntary
evacuation of the Blad-
der often leads the pa-
tient and nurse to be-
lieve that the Bag of Wa-
ters has been ruptured
and its contents dis-

charged. Therefore the Physi-
cian should not take the
Statement of either upon
this fact until he has ver-
ified it by an examina-
tion. Introduce the hand
into the Vagina during a pain,
but do not make the ex-
amination until after the
pain has ceased. Never
converse with the patient,
or anyone else, during the
examination. If the bow-
els have not lately been opened,
give either an Enema, or
a dose of Castor Oil during
the first stage of Labor. Cas-
tor Oil by causing peristal-

tic actions of the bowels is
instrumental in helping
the Uterus to contract.

R Mag-Sulph ʒi

Triacle ʒi

Qd Aqua ʒi

This is a very good stim-
ulating enema which
may be used if the pa-
tient cannot take oil.

Have the patient walk
during the first stage of
Labor. She should not
be in bed nor should she
sit much.

R Laudan. qss XL.

Qd Aqua.

ʒi

Inject per the rectum.

COLLEGE OF
PHYSICIANS
PHILADELPHIA

205457

when there is irritability
of the Cervix this will be
a very useful injection -
In abnormal rigidity of
the os Sulph. Ether is very
beneficial - it should not
be given in sufficient quan-
tities to completely narco-
tise. Ether seems to relax
the circular fibres of the
os - but it does not inter-
fere with uterine contrac-
tions. Cold applications
to the Cervix will almost al-
ways relieve the nausea
and vomiting - This ap-
plication can only be made
with the ~~mouth~~ ^{mouth} ~~the~~ ^{the} ~~cap~~ ^{cap}

In the first stage we of-
ten have inertia of the
uterus. This is general-
ly due to a universal
lowering of the vital
forces. we must there-
fore stimulate. Brandy
should be given in doses
of either a teaspoonful
or two. Ergot should
not be given. it causes
such tremendous con-
tractions that as a conse-
quence the uterus might
be ruptured. The patient
must not bear down in
the first stage of labor -
it does no good and

only sever to fatigue. Generally the first feature of the second stage is the rupture of the membranes.

Sometimes the accoucheur must rupture the Bag himself. This he must not do until the os is fully dilated. If the membranes are to be ruptured it should be done at the beginning of a pain. The pains, after the rupture, will increase in number and force. They are now known as "Braving down pains." The patient's feelings now change - she becomes more

determined and vigorous.
We must tell her to bear down
during her pains. To do this
well she must have her
feet against the bed post,
and hold her breath.

A small pillow should
be placed between the pa-
tient's knees. This prevents
the irritation which would
follow the friction of the
one upon the other. At
this stage the patient must
not be left. Never leave
the patient while the
head is pressing upon
the ^{Pelvicum} ~~Pelvicum~~ ^{Pelvicum} ~~Pelvicum~~ - we
must then stay at her

hips. which place must not be left under any contingency. The left hand must be placed upon the rigid Perinaeum & pressure must be made upwards and forward. You must now direct the woman's bearing down efforts. With a finger of the right hand introduced into the Vulva, Touching the child's head we may ascertain the coming on of a pain before even the patient is aware of it. we should then either tell the woman to bear

down or to cease doing
so. After the head is
born place a napkin
under it, and another
beneath the woman's hips,
in order to absorb any
discharge that may
take place. Now that
the head is born we shd.
ascertain whether or
not the cord is wrap-
ped around the neck.
If the child does not
breathe we should wash
its face with cold water.
and also wash out the
mouth - pushing the
tongue downwards. 8

Forwards. Strike the
nates smartly. &c. The
child must be wrapped
up in a napkin imme-
diately after being born.
No inspection of the child
must be made until
after the mother has been
made comfortable. The
child should be placed
upon its right side at the
hips of the mother, near
enough to leave the cord
lax. The abdomen of the
mother should be press-
ed upon and friction
made upon it until the
Uterus has contracted com-

ply and the band-
age applied. It is
well to put two liga-
tures upon the cord. The
first three fingers breadth
from the umbilicus &
the second an eighth of
an inch from the first.
After the Placenta has been
delivered the hand must
be pressed upon the ab-
domen and friction made.
The Placenta must not
be allowed to remain
in the vagina even for
a minute. for it acts
there nearly as a Tam-
pon and blood may

collect and coagulate with
in the natural. The tract-
ion made upon the Placenta
should be spiral.
A napkin should be wrapped
around the Placenta
as it is delivered. Very
little traction can be made
upon the cord as it is
frequently very fragile.
After the delivery of the
Placenta and membranes
we must ascertain whether
or not any clot remains
in the vagina. In a
majority of cases a clot
or clots will be found.
These must be broken

up, by the index finger
if possible, if not, the
whole hand must be
introduced, and the cl
doss unmoved. Always
examine the Placenta
and membranes after
their delivery - we can
thus find if any portions
be left in the uterus or
vagina. If but a small
portion be undelivered
and the patient remain
comfortable for an hour
or so, we need not seek
to remove the remainder,
it will be well to till the
milk under these cir =

circumstances that some of
the membranes are yet to
be detached and that
she may expect them to be
expelled before long. In re-
moving an adherent Pla-
centa we should use the
cord as a guide and not
as a tractor.

Post Partum Hemorrhage.
There is always a gush of
blood either following the
birth of the child or the de-
livery of the Placenta. From
this we need fear nothing.
As symptoms of Intern-
al Hemorrhage we have

The Physical signs - such
as - enlargement of the
uterus - it also feels soft
and doughy, and it is
difficult to ascertain the
outline of it in the ab-
dominal cavity. If the
uterus contract at all
and there be coagula
in it - it will take a un-
dermined form. In ad-
dition to these signs we
have the characteristic
appearances of the per-
tinent. She will become
pallid - will call for
water - will want to
be fanned - will want

to be raised up in bed -
and she gapes fearfully -
This sign is perfectly patho-
gnomonic - no Coagula
present in the uterus is al-
most always the cause
of this internal hemorrh-
age. The indication
is now to remove any-
thing that may be in
the uterus. This must be
done despite any threats
or admonitions either from
the patient or others pres-
ent. When feeling after
coagula - the left hand
must firmly grasp the
fundus of the uterus - for

It is very extensible, and
by our pressure the fun-
dis might be pushed
all the way to the Dic-
phram - This hand
grasping the fundus -
assists in the contract-
ions of the uterus - But
if it will not be anim-
ed by this stimulus we
must employ ice - which
is a very certain resort -
We should carry up a
lump about as large as
a goose egg - This will
immediately cause the
contraction and our
hand and ice will be

impelled at the same time.
In the case of Hemorrhage
never allow the patient
to raise his head in the
slightest degree - we must
rather raise the foot of
the bed in order that what
blood is circulating may
gravitate to the Brain -
Never bring on emesis
during Hemorrhage -
If after Hemorrhage we
desire to stimulate we
may employ either Brandy
or Milk Punch. The
Brandy may be given in
large doses under these
circumstances. If

Milk Punch be used some
water must be given
in combination with it.
This will prevent the co-
agulation of the milk
due to the acidity of the
stomach. If the wo-
man have Hemor-
roids they may easily
be pressed within the
Sphincter immediately
by after Labor, when the
muscular system is
relaxed. This should
be done for it renders her
confinement more com-
fortable. This will be
to place a compress un-

the "Bandage." The
Bandage should be from
a foot to a foot and a
half or two feet in width
according to the height
of the patient. It should
reach from the Trochan-
ters to the lower ribs.

The bandage should al-
ways be stuck to the skin.
This is very essential.

After labor the patient
must have but one pil.
low for some twenty four
hours. After that the
head may be more
elevated if the woman
is against it. The

Rim must be placed un-
der, and not be tied
over the Vulva. If on
this napkin we find
blood whether it be pur-
plish or red - we need
feel no concern - but
if there be a bloody se-
rum on it we may
rest assured that co-
agula are retained
either within the Uterus
or Vagina. Under these
circumstances the pa-
tient should not be
left - but the accouch-
eur should stay by her
watching her symptoms.

ons. and look for the
spontaneous expulsion
of coagula. If the symp-
toms of Internal Hemorrh.
have follow the Bandage
must be removed and the
hand introduced into the
Vagina and the coagula
removed. The child
must be put to the breast
immediately. This must
be insisted upon. The
nurse must be enjoined
upon not to allow the
patient to rise from her
pillow for twenty four
hours. This order must
be scrupulously carried

out - if the bowels are to be moved - a Bed pan must be employed.

Sore Vulva. The Vulva is often very sore after delivery. This may be relieved by a wash of equal parts of Whiskey and Water.

After Pains. Without afterpains are very severe no interference need be made - if they are we may use the following -

℞ Chloroform.	qts v
Tinct. Card.	℥ss
℞ Aqua	℥ss

Retention of Urine.

This we frequently have to combat after delivery. The urine must always be drawn off, by some means at the first visit after delivery. The Catheter should be employed generally - but if the woman be very nervous and the employment of the instrument be obnoxious to her we should try other means. The Bladder may sometimes be evacuated by the application of clothes wrung out in hot water placed over the Pubes. The hands

may be plunged into
hot water. This will
sometimes cause urin-
ation. Anodyne inject-
ions into the rectum will
frequently relieve irrita-
bility of the neck of the
Bladder.

Sleep. The patient
must have some sleep
during the twenty four
hours following deliv-
ery. The room must
be kept perfectly quiet
for two or three days.
The patient must have
no visitors. nor any
kind of excitement.

If these measures do not
procure sleep some mild
Soporifics may be em-
ployed. The Lochia - The
Lochia is not a secretion,
but merely a hemorrhag-
ic discharge from the
uterus. Excessive lochial
discharge may result
from a state of debility
preventing tonic con-
traction - it may result
from a hemorrhagic
diathesis - or lastly, and
most frequently it is
caused by deficient
involution of the uterus

Connected with this ex-
cessive discharge the
woman has headache
and sweats profusely.
The indications in this
state is the use of some
of the Chalybeates -

R¹ Tinct. Ferri. Chl. cubel.
Ext. Ergot. R. aa. ꝑs.
M. S. Take 40 drops in water -

There is sometimes a sup-
pression of the Lochia -
This is a mere symptom
of other disease which must
be treated. The Lochia
may become very offen-
sive. To remedy this we
may employ Labarraque's

solution. we may employ

R Sodae Chlor. ℥ij

Q. Aquae. Chlor. ℥ss

M. S. Inject into the vagina

The temperature of this injection must be about 98°

Hemorrhoids - If Hem-

orrhoids become painful or

troublesome either by caus-

ing hemorrhage or Inflam-

mation. we may em-

ploy warm fomentat-

ions. or clothes wrung

out of hot water - to which

may be added two fluid

drachms of Laudanum.

These should be placed

over the Perinaeum -

Acute Tympanites. This
sometimes follows delir-
ium. We may know it
from Peritonitis by the
sudden manner in which
it comes on - sometimes
occupying only two or
three hours. Then to, Tym-
panitis is unaccompa-
nied by pain until the
abdominal muscles are
put on a severe stretch.
Slight pressure increas-
es the pain in Tympa-
nis. Firmer pressure
relieves it somewhat,
not so with Peritonitis.
This may often be re-

lived by a simple enema.
Castor Oil and Turpen-
tine may be employed.
If it is not soon relieved
by this - we should give

plum R. Gum Turbenth grs XV
plum D. Take every 3 hours.

Rapture of the Perinaeum
Sometimes despite all care
the Perinaeum will be lacer-
ated more or less. If this
occur the woman will com-
plain of burning pain when
she urinates. Some action-
gust work such as a solu-
tion of alum or oak bark may
be used. If the rupture extends
to the rectum - the legs should

be bandaged together - and
the patient kept under the
influence of Opium.

Milk Fever. Generally
comes on about the third day.
Symptoms - Diminution of the
Lochia - Heat - Redness - Quick
pulse - Swelling of the breast.

R Morph. Acet. grss

Spic. Anth. Nit ℥ij

℞ Lig. Ammon. Acet. ℥vj

℞ D. Tablespoonful every 2 or 3 hrs.

Of the Child. A young
baby needs but little medi-
cine. The reparative pow-
ers are great, and it should
generally be left to nature.
Allow it to have plenty of

Fresh air - and do not keep
it too warmly clad.

Constipation. The

Mucous - sometimes

thick and viscid - adheres

to the alimentary canal

and prevents the healthy

movements of the Bowels.

This constipation may be
removed by a dose of Castor

Oil. or Castor Oil.

via Diarrhoea. This may be

relieved by a mild laxative

that will remove the irri-

tating substance from

the bowels.

Constipation or Diarrhoea
in the child is usually

due to the same disorder in the mother, and if we regulate her bowels we also regulate the Child's.

Retention of Urine - This is frequently found in young children. It may almost always be relieved by a dose of Castor Oil.

Gums - Inflammation of the Papular structure of the Skin. This Gum is of two varieties the Red and White.

This does not often call for any external remedy.

edly. But we must direct the nurse to dress the child with Roastell Starch or some such substance.

The White Gums sometimes calls for a little stimulation. This may be a little cream diluted with warm water.

Apthous Mouth. Frost seen in little white papules in a day or thereabouts. These peel off and leave a true ulcerating ^{surface} ~~scorification~~.

Borax R

Borax ʒi or ʒj

Aqua ʒʒi

M. Swab with the mixture

R. Lenc. Sulp. gr ij

Tannin gr ℥

Glycerin ℥ 1

M. B. wipe ^{the} mouth.

The above may be used if Borax will not suffice.

Lauder's Here we simply have to relieve the Portal circle. This we may do in almost every case by a dose of Castor Oil. Sometimes we may be forced to give Calomel. This should only be given once and in the dose of one grain commuted with a little

Gum Arabic.

Coryza. - This is frequently a very serious affection in the young child. The nurse will often rub the bridge of the nose with some grease - this is well enough but we often have to use more active remedies. A camel's hair brush moistened with a little pure Glycerine passed into the posterior nares will be the proper treatment. The child should wear a flannel skull cap. If the child become debilitated we must use

employ Brandy in form
from ~~10~~ to ~~20~~ drops.
detected.

Purulent Ophthalmia.

Marked at first by a
redness and slight
tumor of the lids.

If this be not allowed
a thick discharge will
take place and if it
be allowed to go on

the eye will be destroy-

ed. This requires at

first simple cleanli-

ness. A mucilage

made of Sassafras oil

carried within the lid

of the eye after the eye has

been well washed out
will frequently relieve
it. The ~~Detacher~~ ^{Detacher} of the
Intestine of Silver must
frequently be resorted to.

R Argem. Nit gr I

Q. Aqua. JZ

M. S. drop in the eye once
a day. Direct the nurse
to wash out the eye two
times

R Hydrus Bi. Lch. gr. ʒiij

Bello. Ex. gr. I

Aqua. JZ

M. S. drop in the eye

Nipples. In prostrum it
frequently becomes nec-
essary to draw out the sap

ple. This should be attend-
ed to several weeks before
delivery. It may be fully
and easily accomplished
by the constant wearing
of a nipple shield.

Should however this be
neglected the nipple may
be "drawn out" just before
the child nurses by tak-
ing a Porter bottle filling
it boiling water thus heat-
ing the bottle then apply-
ing the child directly to
the breast. If the nip-
ple becomes ulcerated
the child will cause it
to bleed, and in some

ing it will swallow this blood and if it should chance to vomit it it will cause great alarm in the mind of the mother. The vomiting of blood however in a child who sucks an ulcerated nipple need cause no concern. The sore nipple is one of the most fruitful causes of Mammary Abscess.

Treatment of Sore Nipples

The accumulation of milk in the breasts should not be allowed but should be taken by the child if the mother can possibly

be as it is not a Breast
Pump should be employ-
ed. An India rubber
nipple should be placed
over this organ when
the child is to nurse as
this relieves to a consid-
erable extent the pressure
of the child's gums. The
pressure of the bed clothes
or the dress acts as an
obstacle to ulceration
nipples - therefore this
should be prevented
by the wearing of a ^{shoulder} ~~band~~
which is opened at the
end - Some simple
antiseptic wash may

be used in connection with
a shield. Cucumbers,
anointment or Cold cream
may be employed. Some
modern anointments have
been very highly recom-
mended. These substances
should always be washed
off before the child is al-
lowed to nurse, or else
the child's constitution
will be affected by the
unnecessary use.

R. Allen Weston

Landamm. a a p.

Do. Apply to newspaper

an alternate supply.
Sometimes a solution
of Argent. Nit. must
be resorted to. The strength
of the solution may run
from gr viij to ℥ss to the
℥j. There is sometimes
an Erythematous con-
dition of the nipple. This
may be accommodated
all by the above prescrip-
tion of Castor Oil and
Laudanum.

Cleanliness—The child
should be washed every
day in tepid not in
cold water—The early
morning is the best time

for the bath. After the bath
the child should be sprinkled
with some astringent
powder such as roast
ed starch powdered
arrowroot or licapost
um. All this should
be continued up to the next
bath.

Ulceration of the Naval string
This usually takes place
and the string thrown off
at about the fourth or
fifth day. After it has
come away the naval
should be simply dressed
with Simple Cerate
Cedar cream or the like.

Cancer In pleasant
weather there is no reason
why the choler should
not be taken out into
the open air at the ex-
piration of three or four
weeks.

Short Notes on Clinics.

Prof. Stillé.

Tonics may, and generally do, prove curative in cases of Dropsy depending upon a disordered condition of the blood. Two cases cured by this means present themselves. Iron and Quassia used.

Dr. Huxton.

When a patient complains of a burning sensation in a wound - secondary hemorrhage may be anticipated. It will almost always come on within 24 hours.

Prof. Stillé.

Neither will the improvement of the blood by the ferruginous preparations alone cure Chlorosis. nor will a mere stimulation of the uterine system attain this result. These two modes of treatment should go hand in hand. Iron and Astringent preparations form the proper treatment.

Rigidity and contraction connected with Paralysis is always an evidence of softening.

Cough mixture.

R

Olum Morrh.

℥ij

Gum. Acac.

℥ij

Infus. Card. Comp.

℥ij

Sacch. Tulv.

℥ij

Aqua.

q.s.

℞. Secundum artem.

℞.

Ointment useful in Ch. Epididymitis

R

Unguent. Iod. ℥i

℞. Tabaci

q℥ss. vii to viii

M. & Rub on the Scrotum.

Prof. Penrobb.

In the Bronchial affections of

children, expectorants are of
but little use. Emetics must
be resorted to, this will dis-
lodge mucus that would
not otherwise be thrown off.
One should be given for two
or three successive nights.

R Linci Sulph.

Pulv. Ipecac. aa $\frac{ss}{\text{grss}}$ IV
Q. S. take every night.

A warm bath is frequently
useful in these Bronchial
cases.

Dr. Da Costa

The earlier Stiches appear
in cases of Typhus, the more
grave will be the disease
and the sorer will be the

Cerebral symptoms. These brain symptoms with very rare exceptions are not due to inflammation, but they are wholly consequent upon the overwhelming influence of some poison, & the altered condition of the blood. In order to learn whether or not the cerebral symptoms are due to inflammation or to blood poisoning, the state of the circulation should be especially examined. If we find it enfeebled, and the first sound of the heart obscured we may decide that these symptoms are due to depressing influences, and not to inflammation.

should this be the case, stimulation is indicated.

Dr. da Costa.

The presence of tube casts in the urine is of more importance as a diagnostic sign of Bright's disease than Albumen itself. If Albumen be found persistently in the urine and tube casts also exist in it, we may be sure that the Kidneys are affected with Bright's disease. Gallic Acid and Port Wine are useful remedies in all but protracted cases of this disease, where they will do no especial good. Bronchitis complicates this

disease in more than half
the instances. This must
be treated ~~not~~ with Squills,
because this is an irritant
bark. Sengar is the ex-
pectorant indicated. There
is no disease which so fatally
deteriorates the blood as Bright's
disease. Anaemia is always
marked, and in every case
of persistent Anaemia the
urine should be examined.
If the Liver and Spleen be found
enlarged, associated with
albumen in the urine, we
may say "that it points to what
is called the waxey degener-
ation of the Kidneys: if but

For tube casts be found this
diagnosis will be strong the-
end. In such cases as this
of Chronic Bright's disease.
Gallie acid will do no
good, here: do no good

R

℞ Sinc. Km Per. aa. ℥ij

S. ℥j 3 times a day

will be useful: This must
be gradually increased. If
the Stomach will bear Cod Liver
Oil, then can be no more
useful simply administer:
can in cases of Chronic Bright's
disease. In Acute Bright's disease
the patient should be

put to bed and Rest till
vapor baths must be given
in order to make the skin
perspirable and

^{Dr.} Mass. Belart 3ij

Linc. Sigit. 9℥vj

Dr. I take 3 times a day.

The diet must be light but
nutritious. or Beef essence. Soups
Strong meats should not be
given

Dr. Sa. Costa

The usual treatment for Pur-
pura is Gallic acid or Sarspa-
rilla associated with Purgat-
ives. Purgatives are always
useful in these cases. For they
unload the vessels and cause

indirectly absorption.

Reasoning from analogy it
might be supposed that
Nitro Prussic acid would
be serviceable in Purpura.

Dr. Baileys has had A. on

this treatment pushed
very far for 3 days. When

this plan was instituted

the Purpuric eruptions

were very plentiful par-

ticularly upon the legs. They

have now almost entirely dis-

appeared - ^{very} faint brownish

spots only being left.

Bleeding is not a proper
treatment for Purpura.

Dr. De Costa.

R Potas. Brom gr V

Tris Lobelia grs XX

Dr Give in Syrup 3 times a day.

The Lincture of Lobelia acts as an expectorant. The Bromide of Potassium like all of the Salts of Potassium is useful in Bronchitis and it especially relieves dyspnoea.

Dr. De Costa.

When there be a case of fever marked by great restlessness, sleeplessness and no very marked heat of skin. First Camphor, Chloroform and lastly Opium are the proper remedies. They may be given singly or in combination. A Dose of Camphor

and gtt's V of Aethiophorm. Should
this fail in procuring sleep
Bathys Solution of Opium is
the best preparation that
can be used. It will not
cause cerebral symptoms.

R. Bathys S. Op. gtt's II

Antimony & Potas Tartr grs 1/16.

M. S. Every hour & after -

I give doses of this & give if
no sleep be procured it should
be left off. This is a mode
of combination recommend-
ed by Dr. Graves and one
which all experience has
proved as good.

Dr. Ba. Costa.

Opiole - the active principle

of paraly. This is the most cer-
tain Emmenagogue. They are
put up in capsules each one
containing grs. ℥ . Three of these
should be given every day for a
week before menstruation is about
to come on.

Dr. J. A. Costa.

"I have gotten to regard a long time
second sound of the heart as either
pathognomonic of softening of
the heart - or of anaemia or
depressed state of the blood."

Dr. J. A. Costa.

Central symptoms in cases
of Erysipelas of the face with
out this be very marked

do not indicate an extension
of the Erysipelatous in-
flammation on upon the
Brain. An infusion of
Poppy heads make a very
soothing external appli-
cation to Erysipelas. This
should be renewed very
often. At night it is
well to stop their rest
dressings, and powder
the part heavily with Flour
or Rice powder. Linnæus
is useful internally when
the pulse is very frequent
and weak.

Dr. Salerni
Symptoms of Mercurial

Salivation. Flow of saliva. Sup-
puration of the gums. Loosening of the
teeth and above all a very
peculiar fetor of the breath.
Chlorate of Potassa used in-
ternally and externally as a
mouth wash.

R Potas. Chlo. gr XV

M. S. 3 times a day.

R Potas. chlorat ʒij

Aque f℥ T.

R S. M. as a Gargle.

Dr. Salicet.

When with acute articular Rheuma-
tism the first sound of the
heart is changed - in whatever
way - whether shortened or length-
ened Endocarditis may be

inspiration. If with this we
have a "blowing sound" we
may be morally certain
of Endocardial inflammation.
These some Physicians regard as
purging after the Rheumatism
has been cured and the swelling
of the joints gone. They rather
indicate a watery condition
of the Blood - and the very op-
posite treatment to that in-
dicated in Endocarditis is
called for. Iron. I think I
think should then be given.

Rochelle's Salt if it does not
purge is useless in Acute
Rheumatism. if it does it
should be suspended and

The Acetate of Potassa may be substituted. In commencing Endocarditis as local treatment Suction may be employed and the part then dressed with warm fomentations. As a local application to the affected joints in Rheumatism we may employ

Potash Carb. ℥ss.

Tinct Opii ℞i

Aqua. ℞ix.

℞. S. Apply to the Joints.

Dr. J. A. Costa

R. Cupri Sulph.

Pulv. Opii. ana qv 1/8

℞. S. Take 4 times a day.

This may be taken internally
in cases of persistent haem-
orrhages from the lungs.

This is used for its lasting -
permanent effect. Should
haemorrhage be profuse
at any one time it becomes
necessary to check it. This
may be done by dose of
Gallic acid. frequently
repeated in large dose.

Extractum Gallici gr. i

℞ Every five minutes till
the haemorrhage is stopped

Dr. W. A. Clark

"Enlargement of the Spleen some
of the most constant symptoms

of Typhoid. When the tongue
is dry and brown, without much
dandruff. Turpentine is the most
beneficial remedy. If it should
long or dandruff it should
be suspended. for this is one
of the most serious complications.
In this disease it is well
to give a diaphoretic at
night time. Frequent spon-
ging (say twice or three times a day)
with amygdal and water is
very refreshing and aids in
bringing on Diaphoresis. It
is very wrong to suspend food
during the whole night. it
should be given at any rate
at intervals of 3 hours. The most

ice should be given at the
same time as the food either
a little before or afterwards
in order that the patient
shall not be too frequently
aroused from sleep. "If duty
is with hold during the whole
night the patient wakes up
in the morning very early un-
til at length he does not
wake up at all." "I know of
no remedy in the treatment of the
phlegm fever which is so cer-
tain, so free from liability
of deranging the stomach as
the Acute of Lead.

Dr. Dr. Dr.
Early dinner in two forms

of fever is always a dangerous
symptom.

R
Ferri et Lim. Ac. ℥i
Tinct. Nucis torn. ℥i ss - ℥ss
Syr. Limonis ℥ij
Aqua ℥vj -
℞. S. Spoonful 3 times a day.

R
Chloroform.
Tinct. Accon. R.
Tinct. Opio. ℥i
Tinct. Bell. aa ℥i
℞. S. Anodyne liniment.

A convenient mode of administration
in Typhoid and Malarial
Acid in Typhoid fever is the follow-
ing.

R Acid Muriat ℥i
Ol. Turbuth. ℥ij
Aq. Menth. Pip. ℥ij
Mucos
Sacch. aa qd.

R Mist. Cortae $\mathfrak{Z} \text{ij}$
 Tinct. Kram. $\mathfrak{Z} \text{ij}$
 Tinct. Opii C. an $\mathfrak{Z} \text{ss}$
R Chloroform. $\mathfrak{Z} \text{ij}$

R. S. One teaspoonful after each stool in cases of dysentery.

R Zinc Sulph. grs iv
 Vinum Opii $\mathfrak{q} \text{ss XLi}$
R Aqua Rosae $\mathfrak{Z} \text{ij}$
R. S. Stimulating eye lotion.

R Tinct. Kins $\mathfrak{Z} \text{ij}$
 Tinct. Opii Comp. $\mathfrak{Z} \text{ij}$
R Chloroform. $\mathfrak{Z} \text{ss}$
R. S. $\mathfrak{Z} \text{ij}$ 3 times a day. This combination seemed to exercise a more happy influence in an obstinate case of dysentery.

R Aqua Rosae $\mathfrak{Z} \text{ij}$
R Tinct. Myrrh. $\mathfrak{Z} \text{ij}$
R. S. Mouth wash.

R Ling. Stamma \mathfrak{Zi}
 Morph. aut $\mathfrak{gr}\bar{i}$
 Plumbi Carb. $\mathfrak{gr}\bar{x}$
R Ol. Olive. $\mathfrak{q.s.}$

S. an ointment which is
 very comforting in cases of Piles —

R Potas. Bicarb \mathfrak{Zviij}
 Vin. C. Rad. \mathfrak{Zvij}
R Syr. Sarsap. C. \mathfrak{Ziv}
S. \mathfrak{Zi} 3 times a day in cases
 of Rheumatism.

R Cinet. Sulph. \mathfrak{Zi}
 Acet. S. Ann. \mathfrak{Zi}
 Aqu. Cinco. an \mathfrak{Zij}
S. \mathfrak{Zi} doses. Used very largely
 in the Medical Ward for the Cure
 of Intermittent Fevers.

℞ Cupri Sulph gr $\frac{1}{6}$ to $\frac{1}{8}$,
Aed. Tan. gr $\frac{1}{4}$

M. Pils Opri gr $\frac{1}{4}$.

Lowerful in checking chronic
diarrhoea.

℞ Sodae Bicarb gr $\frac{1}{2}$
Tinct Rhii ℥ $\frac{1}{2}$
Syrup. ʒss.
℞ Symp ℥ $\frac{1}{2}$
A. S. ℥ $\frac{1}{2}$

Employed in the Episcopal Hospital
Dispensary for the diarrhoea of chil-
dren - with happy results.

℞ Sodae Bicarb gr $\frac{1}{2}$
Tinct Rhii ℥ $\frac{1}{2}$
Tinct Cinch. Co. ℥ss
Bismuth S. Nit ʒss
℞ Symp ℥ $\frac{1}{2}$
A. S. ℥ $\frac{1}{2}$

(Dispensary) In children's diarrhoea

with green discharges and vom-
iting.

℞ Cinch. Sulp. ℥ss
Tinct. Ferri. Chl.
Steel. Sulph. Rom. anss
3 Ag. Camp. ℥iv
M. S. ℥ss

After chills. (Dispensary).

℞ Liq. Potas. Cit. ℥iv
Syr. Ferri. Lod. ℥i
Bismuth S. Nit. 3ss
H. Shaker. S. ℥ss

Tabes Mesenterica. (Dispensary)

℞ Tinct. Ferri. Chl. ℥ss
Strych. grj
Morph. Sulph grss - or ij
D. 5 or 15 drops. in a tumbler
of water.

Neuralgia - (Dispensary).

℞ Linē Opīi
 Linē Rhīi
 Linē Camph
 Linē ol Mouth Pp an \mathfrak{ss}
 Chloroform \mathfrak{ss} .

M. S. 20 drops in water,
 Bianhwa with cramps.

℞ Sals Potas Chlo. \mathfrak{ss}
 " Ext. Kram. \mathfrak{ss}
 " Cort. Ulm. \mathfrak{ss}
 " Ext. Glych. \mathfrak{ss}
 " Cubeb. \mathfrak{ss}

S. are very dear.
 To be blown into the Throat in
 Laryngitis and faucitis.

℞ Linē Myrrh \mathfrak{ss}
 Elder flower water \mathfrak{ss}
 Must R \mathfrak{ss}
 Rectified Spts. Wine \mathfrak{ss}
 Gum Benzoin - \mathfrak{ss}

A highly approved application for
 the Skin. Taken from Mrs. D.

R

gr 1/32 — Styrchnia gr
 gr i — Cluck. Sulph gr xxxij
 grs x — Sinc. Ferri. Chl. f3 iijss
 f3 i — Inf. Lin. f3 iv
 M. S. 3 spoonful 3 times daily.

R

Potas. lod. ℥ss
 Sinc. Lobelia f3 iij
 Acac. (musc. dp) f3 iijss
 Aqua Amant H. f3 ss
 Ext. Hyosc. ℥i
 M. S. 3 spoonful 3 times daily.

Alterative expectorant, One which may be employed in those cases in which Opium cannot be tolerated

From
 Dr. W. B. Long
 Cough
 and
 Asthma
 and
 Bronchitis

R Amm. Brom. grs LIX
 Acid Hydrocyan (dil) mxxv
 Sinc. Stomach. mxx
 Syrupus
 Aqua
 S. f3 i 3 times daily to a child 2 years old.

Dr. Stillé

Typhoid Fever - Dr. S. gives a symp-
tom of this disease which he speaks
of as very rare - that it is a
spasmodic closure of the eye-
lids. Hypostatic pneumonia
or congestion of the lungs is not
as frequent in this disease as
in Typhus, owing to the fact that
the blood is less seriously poisoned
than in that disease. Dr. Stillé regard
90 as the usual maximum num-
ber of pulse beats - he thinks it
is rarely over 100, and considers
that the danger increases, and
is proportionate to the increase
of the pulse above this number.
Pneumonia is a very frequent

esquels of this fever. Ediey is a disease that sometimes follows. it is not however generally permanent. Sudden death sometimes occurs, and is probably caused by the entrance of air into a vein, one opened by ulceration, either in the intestine, or in the Lungs. In general white, fibrinated clots are found in the heart. In the early stage, the blood presents an increased quantity of solids. Later the watery element predominates. Ulcers are rare in the stomach. Organic alterations are almost strictly

conferre to the lymphatic
system, including the glands
of the intestine and the spleen.
(from Dr. Stillé's lecture Oct 24th. '64)

Tonic

R Sodae Bicarb. ℥j
Pulv. Cort Cinch. ℥j
Pulv. Lingifer ℥j
Pulv. Rad Gent. ℥j
Alcohol, (dilute) ℥ij
M. ^{Squa} 1. Tablespoonful after any
meal.
Dr. Le Moine

White Paste which will adhere to
any substance. Take Sugar of
Lead, ℥ij; Alum ℥ij — both are
dissolved in water. Take Gum
arabic ℥v, and dissolve in
water ℔j. Mix in a dish 1/4 lb.

of wheat flour with the Gum
water cold, till pasty in con-
sistence. Put the dish on the
fire, and pour into it the mix-
ture of Alum and Sugar of lead.
Shake well, and take it off the
fire when it shows signs of ebul-
ition. Let the whole cool, and
the paste is made. If too thick,
add to it some Gum water, till
it is of proper consistence.
(Recommended by Dr. Will for the man-
ufacture of Sponge tents)

M. Claude Bernard's mode of pro-
ducing a pancreatic fistula -
"The dog is of course the animal
usually employed in making Ex.

periments on the pancreatic secretion; and the accessory duct is generally chosen for this purpose. The operation is performed in the following manner:— An incision is made upon the abdominal parietes in the median line, in the vicinity of the pylorus; the muscles being drawn aside by an assistant the operator seizes the duodenum with a forceps, separates it from the adjoining parts, and draws it out through the wound. The pancreas, the intimate connections of which with this portion of the digestive tube are well known, is in this manner extracted from the abdominal cavity; the vessels are then

drawn aside, the utmost care
being taken not to injure them;
and a small portion of the ac-
cessory duct is thereby laid bare.
On this point the incision may be
performed, without irritating the
delicate gland, which the slight-
est touch would inflame. A
thread being passed under the
duct, it is opened, and a sil-
ver tube is fixed by means of
a ligature in its cavity; it is of-
ten found necessary to fasten the
tube in the duct in two separate
places, in order to prevent it from
escaping. The duodenum and
pancreas are then carefully re-
placed within the abdominal

cavity, the extremity of the canula
 still protruding from the wound.
 The tube employed for this pur-
 pose must be four or five inches
 long, and provided with a stylet
 to clear it from obstructions.

(Med. Times & Gazette Aug. 1860, Page 175)

Golding Bird's combination of Alu-
 min. which he used in Whopping cough
 with excellent results.

R

Aluminis

grs xxv

Extract. Conii

grs xij

Syrup. Rheados

℥ ssj

Aqua. Anethi

℥ ssj

M

capiat coch. i. med. 6ta quinq

horâ.

Dr. L. L. Meigs, says of it "It

has exerted a more decided influence in moderating the violence of the disorder than any medicine that I have ever made use of."

(Stellé's Therapeutics, p. 193 vol 1st.)

R Strychnia gr̄
Pulv. Cupri Sulph
Pulv. Opii aa gr̄ss
Pulv. Rad Columb. ʒij
Syrup Simplex. q.s.

M.

Div in pil no XL.
"S. two pills every 8 or more hours"

Recommended by Edw. Montgomery M.D.
in the treatment of Chronic Dysentery.

Tonic Pill of the Episcopae Hospital.

Rx Strychnia. gr ss
Lumina Sulph.
Pill. Ferri Carb. (aa) ʒss
It. in mat. a die in pills no XXX
Some pills 3 times a day.

M. Rodolfo Rodolfi's prescription for
colliquative sweating, especially that
which occurs in phthisis.

Rx Sodas. Bicarb grs viij
Sulph. Flor.
Bismuth Sub. nit aa. grj
M. It. pulv.
To be given every 2 hours.

Its temperate effects will be observed
at the end of four or five days. It is
contraindicated in those having a delicate
stomach, or suffering with colliquative diaphoresis.

R

Ext. Cinchon grs XXIV

Alors

grs IV

~~ff~~

ft in pil. no XXIV.

S. as directed.

A laxative Tonic, especially
useful in Torpor of the lower Bowel.

R

Ext. Cinchon. grs XXIV

Linn. Ridaet.

ʒi

Morph. Sulph.

grs ij

Glycerine

q.s.

M

ft mas. et div in pil no XXIV.

Sum 3 times daily.

Given in a very obstinate case of Scaticea
with much benefit. *Wm. H.*

R

Acia Muriat. ℥i

Pepsin. Sacch. ℥ij ℥ss viij

Syr. Limonis ℥i

Aqua q.s. qd. ℥iv

M. ℥i before meals. *Amth.*

for indigestion - used with good
results - for Lillie Perry.

Soda Mint.

R.

Soda Bicarb. "English" Howard's ℥i

Aqua menth. vir. ℥iv

M.

℥ij - Tablespoonful as required -

Given by Dr. S. W. Mitchell - to Kate Hemming
for severe facial neuralgia. Its
administration was not followed by
improvement, and nothing did good
until Cod Liver Oil was given.

R. Caffein grs. X
Ext. Cannab. Indica grs. I
R. Ext. Opii - Aq. grs. V
Stim. pil. no. X.

one at night - S. W. M.

R. Tinct. Belladonnae ℥ss
Tinct. Ferri Chl. ℥ij
S. 35 drops in warm glass of
of water 3 times daily S. W. M.

Prescription for John when he had
a cold in the head - and a cough.
at 18 months old -

R Potas. Bicarb

Potas. Brom aa $\mathcal{Z}\mathcal{I}$

Syr. Acacae.

~~M.~~ S. Give 30 drops. every

2 or 3 hours.

Alfred S. Smith.

Pil. Ferri Lactate Comp.

R of Dr. Mitchell's.

Ferri Lactato gr $\mathcal{I}\mathcal{I}$

Lumia Sulph gr \mathcal{I}

Ex Ignat. Amara gr $\frac{1}{4}$

} in each pill

Inscription I.

The following powder was prescribed for John, and was used for the other children by Dr. A. S. Smith - in cases of cough with very good effect. The Powder was given in $\frac{1}{2}$ a teaspoonful of Syrup of Garlic.

come for portions for a child about 3 to 6 years old	Puls. Antim. Tyson	grs IV
	Puls. Doveri	grs V
	Potas Citras *	grs XXX
	Sig. Div in 12 powders. Sig. one w th 2 hours	

A. S. Smith

* If 16 be put up for keeping on hand, substitute Citrate of Potash instead of Citrate which diluted.

The following preparation was recommended as a good Hair dressing by Dr. A. S. Smith, and its use in Mary's case proved beneficial in stopping the loss of her hair.

R

Ol. Ricini

℥ij

Alcohol

℥ss

Inc. Cantharidis

℥iij

A. Ammoniac

℥ij

Quina Sulph

grs. xx

M

use as directed for the hair.

A. A. Smith.

Given by A. A. Smith to Grace April
22nd 1881.

R Pulv. Antimon. Lysm

grs. iv

" Doveri

grs. iij

Potash. Carb.

grs. xxx

M Given Chart No. *xij*

S. improved Long 2 hours.

A. A. Smith

From Dr. Grace by D. R. St. Smith.

Ammon Carb.

grs. vi

Syrup Acac.

℥ss.

Aqua.

℥vj

Spir Aeth Nit.

℥ij

M.

Dr. J. F. Meigs prescription for
Grace -

℞ Liq. Amm Acet.

℥ij

Syr. Simp.

℥ij

Tinct Opii

℥ss

Aqua Grad.

℥ij

M. S. ℥ij Every 2 hours - J. F. Meigs.

Dr. A. A. Smith's prescription
Strong dose frequency of pulses
in Trach.

℞ Sinct. Acum. Rad gttvj
Sinct. Opii. deod gttvj
Syr. Sim. ℥ss.
Liq Potas Cit. ℥ss.
M. S. ℥ss. sing 2 times.

Given me by Miss Maria Lusk.
To allay pain in neuralgia etc.

℞ Menthol ℥ss
H. Cloves. gtt. I
" Cassia gtt. II
Alcohol ℥ss 3/4
M. S. External use only.

Eye wash given to Edith who
had a granular condition of
her eyes. March 20th 1892
by Dr. Strawbridge.

℞ Sodii Boratis gr^{ss} iij
Aqua Camphorae ℥ij

M. S. Eye wash.

Wash in eyes twice daily with an
eye dropper - Strawbridge.

For Cold - given in early stages
frequently cuts it short - given me
by Mr. J. B. Mills.

℞ Alboline ℥vj
Eucalyptol ℥ss
Menthhol gr^{ss} i

M. Sig. use in Atomizer for throat.

Formula from me (Contho Phone)
for Grace - by Dr. Sturgeson -
when she was suffering with se-
cond attack of Poison Ivy -
May 1901.

In making a 93iv mixture -

Almond oil - 3 parts.

Lime Water 1 part

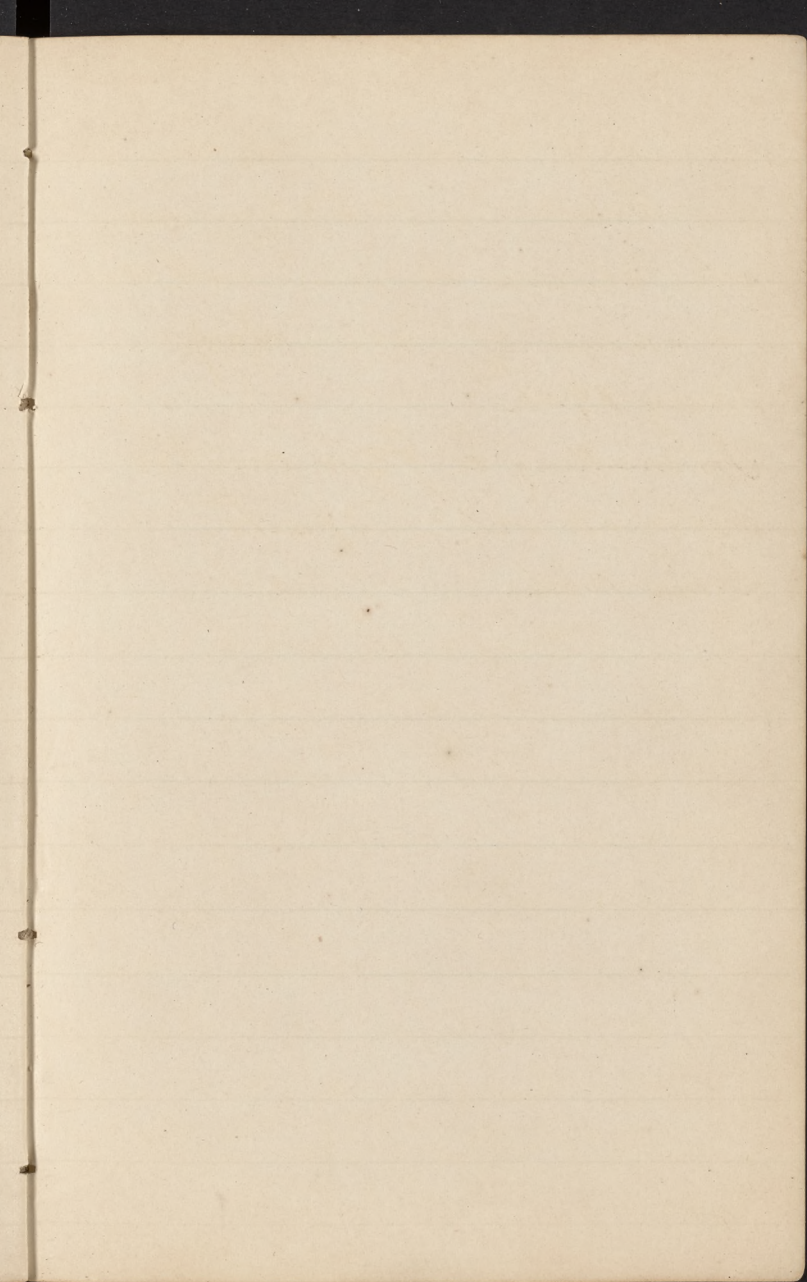
Powdered Lime Oxide 3ij

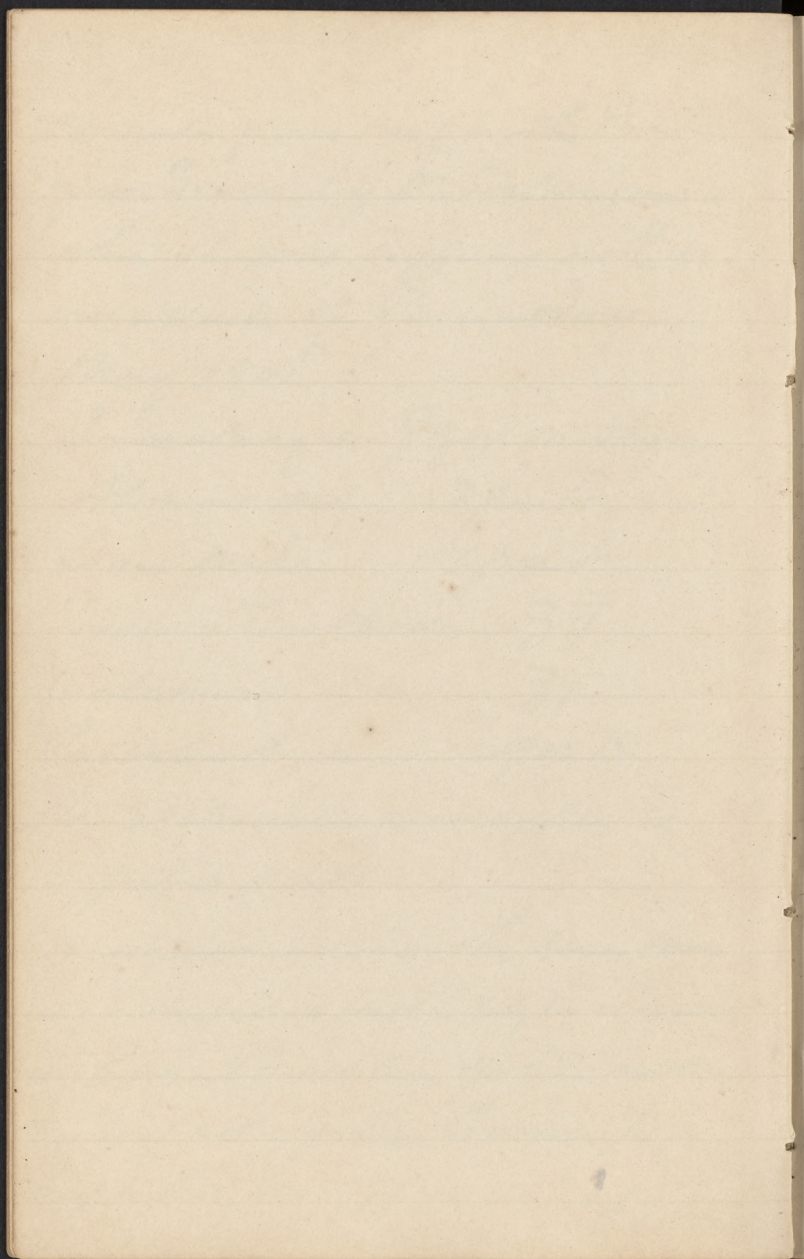
Calamine. 3i

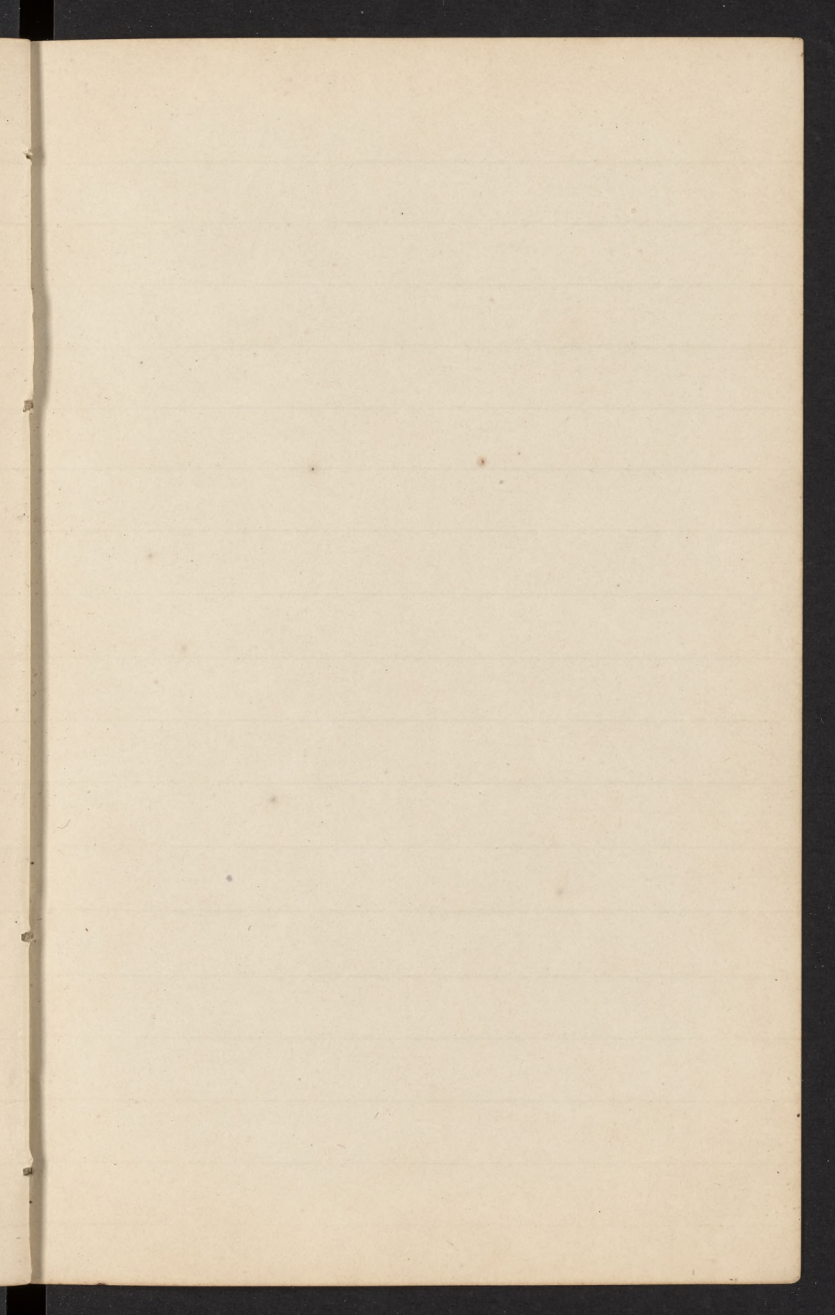
Carbolic Acid grs IV

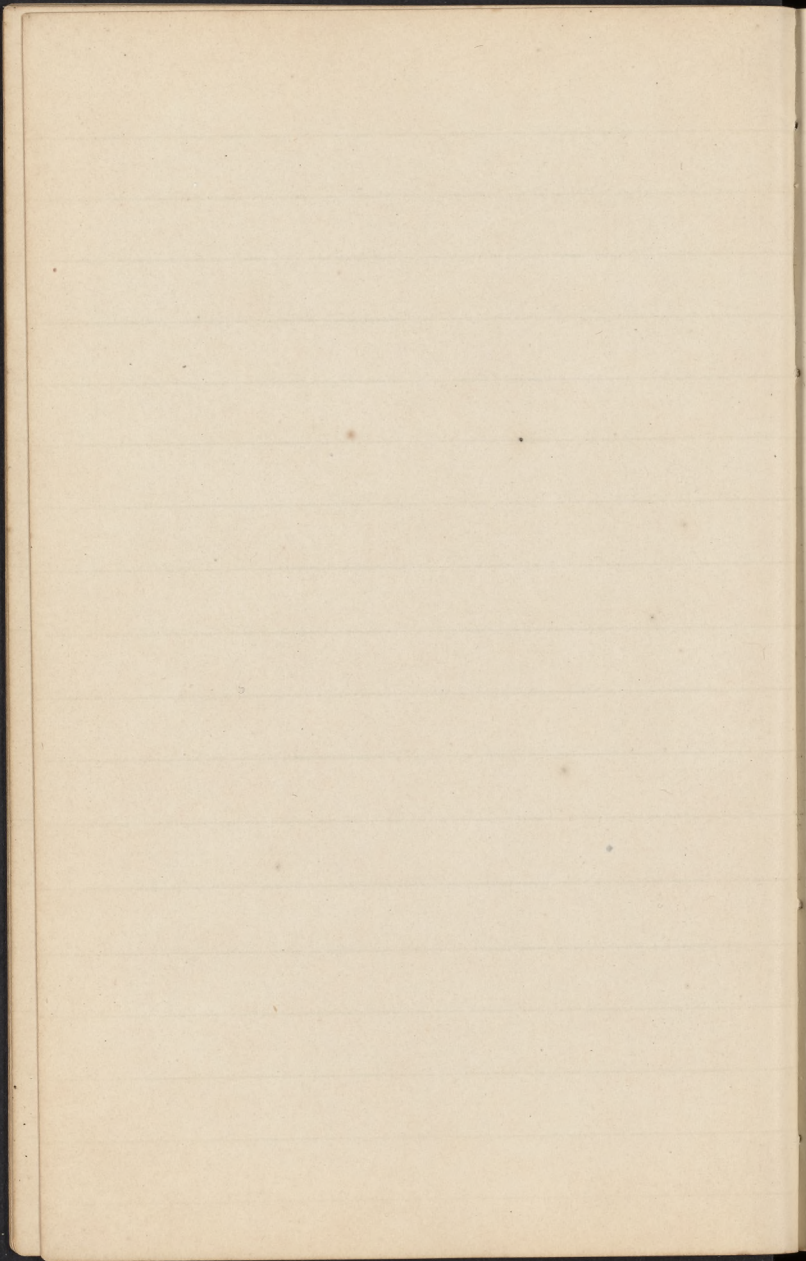
~~Rx~~ Shake well - and apply to
affected parts -

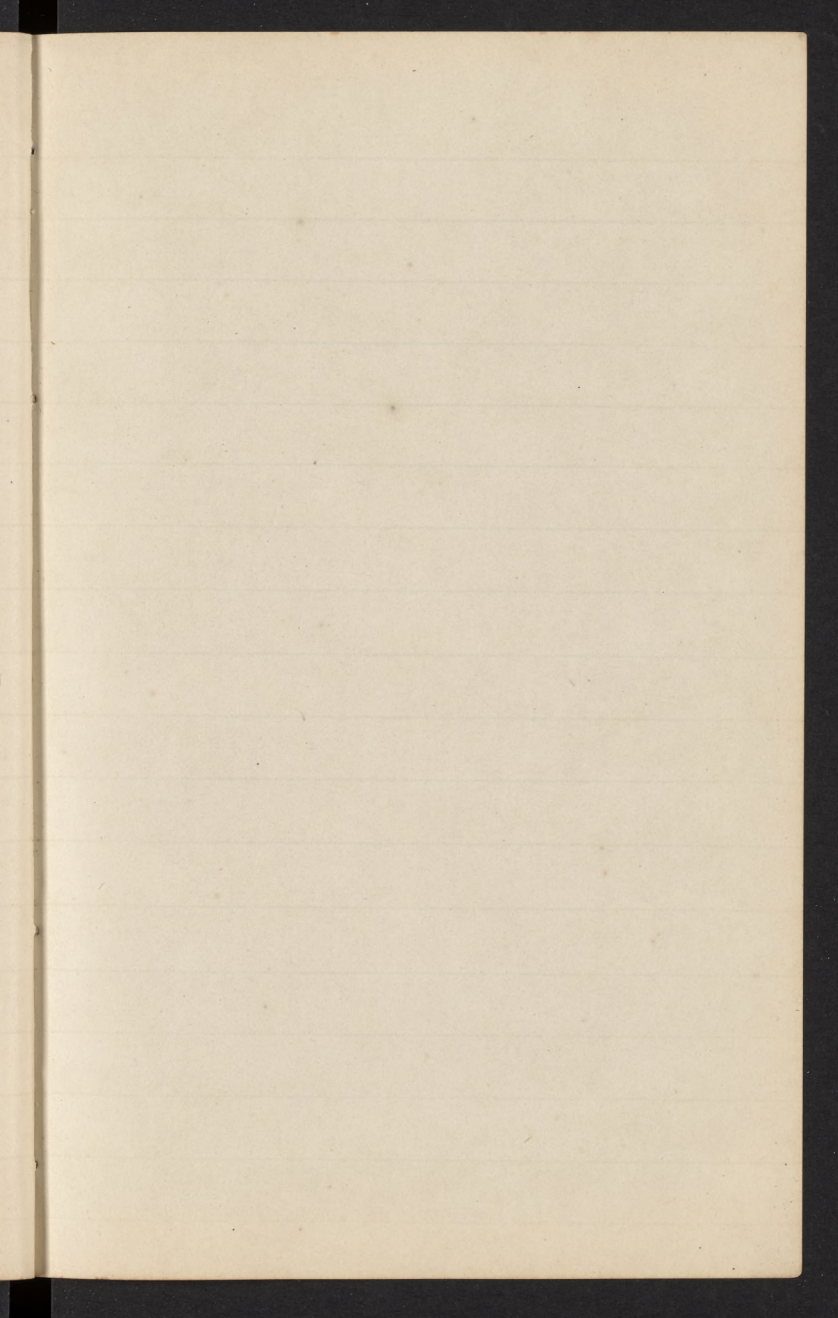
Here recommended at the same time
as a sedative not likely to increase
itching - Phenacetin grs V. one dose
and if not effective Codium 1/4 gr
repeated once if necessary -

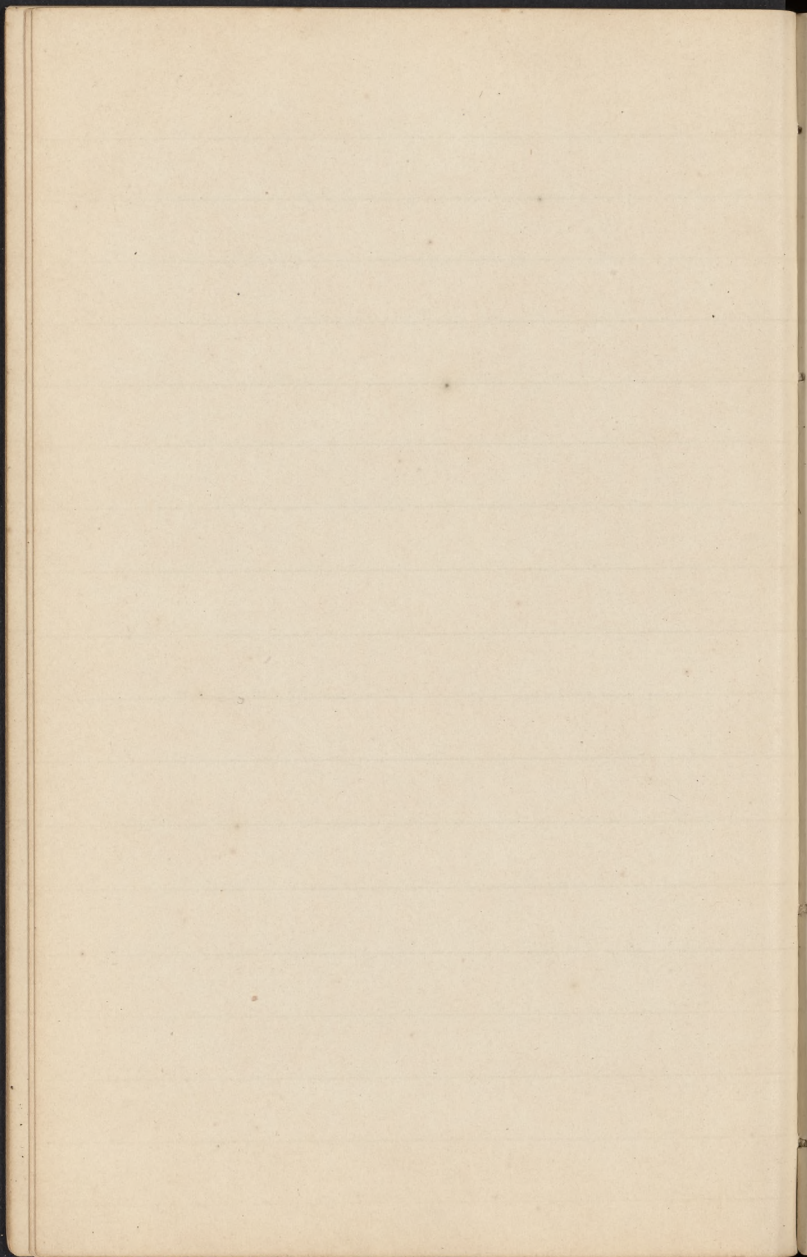


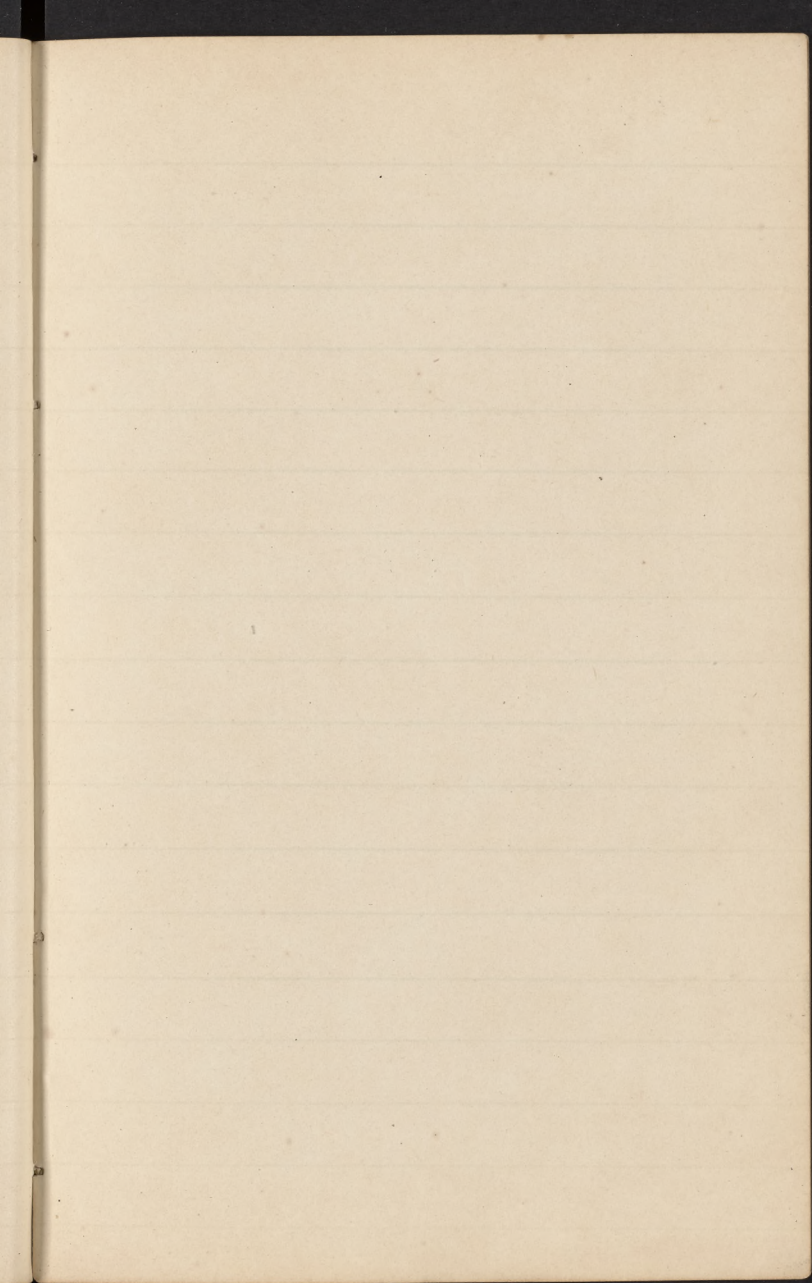


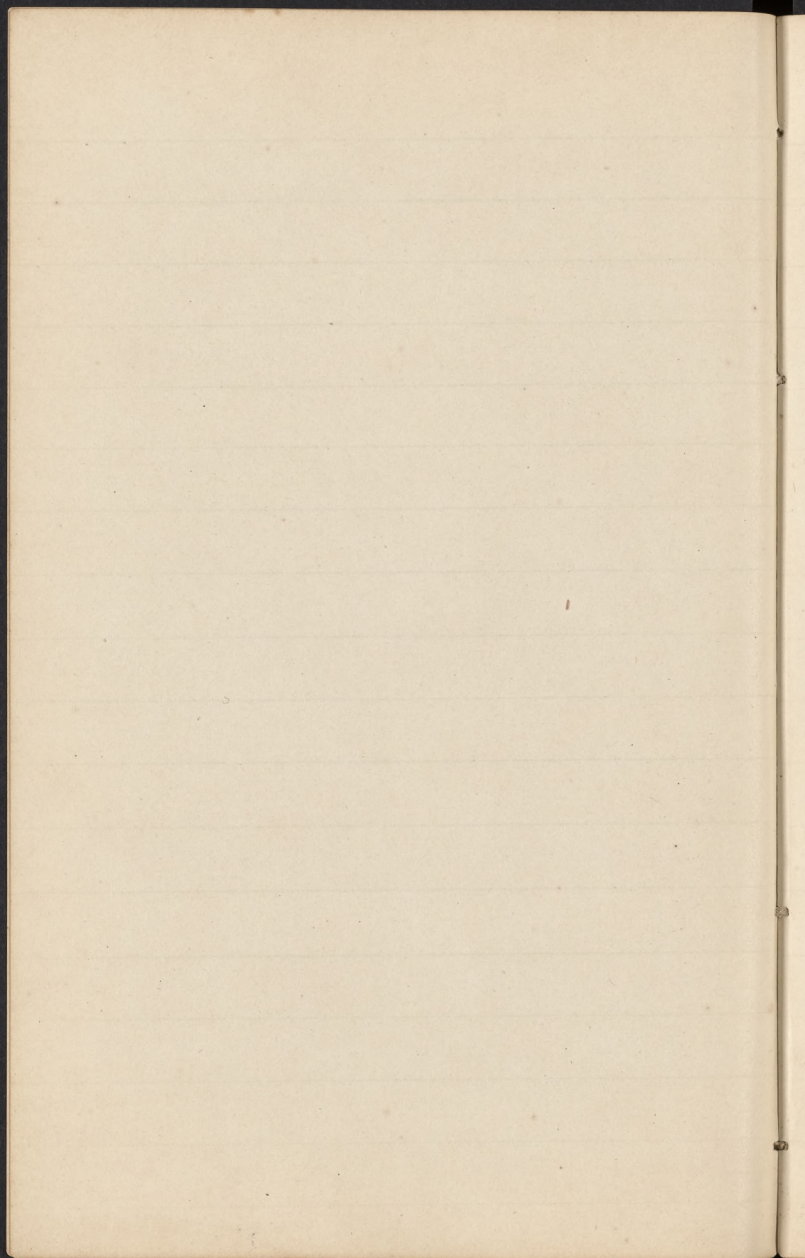


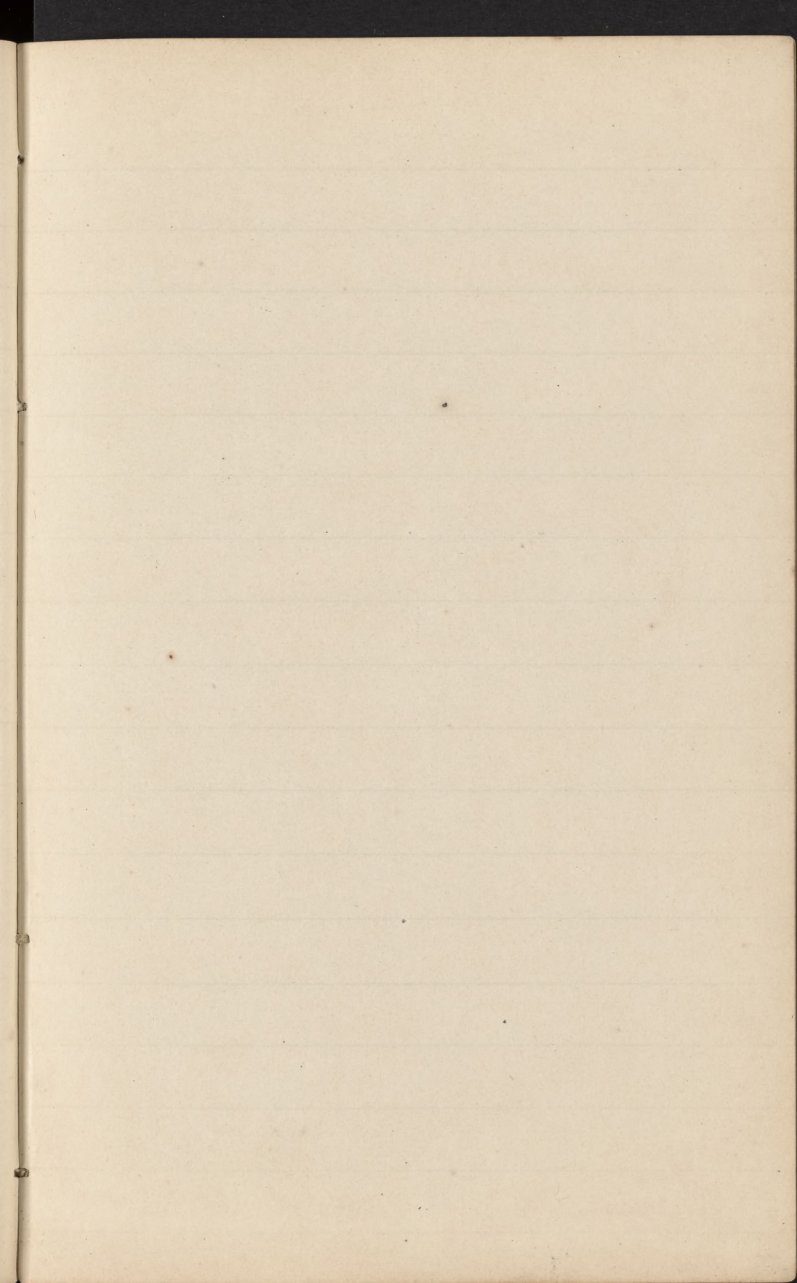


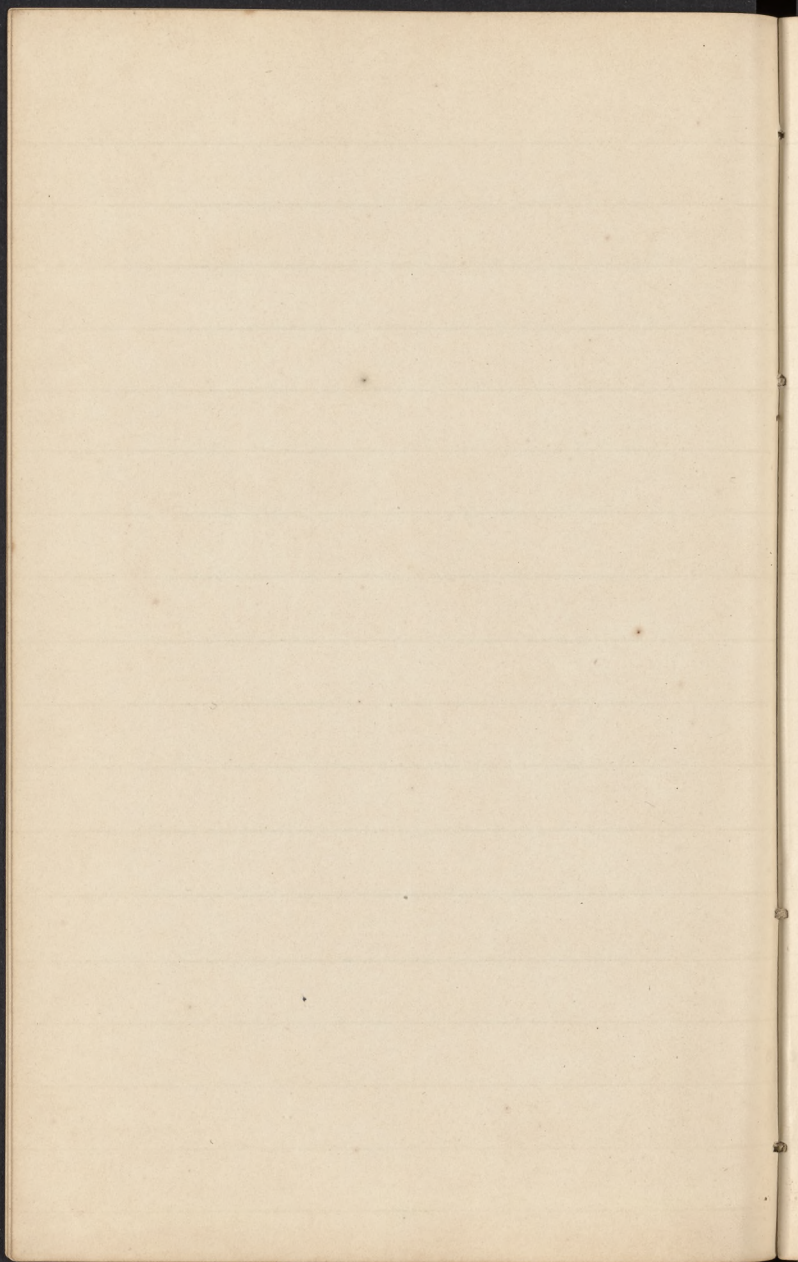


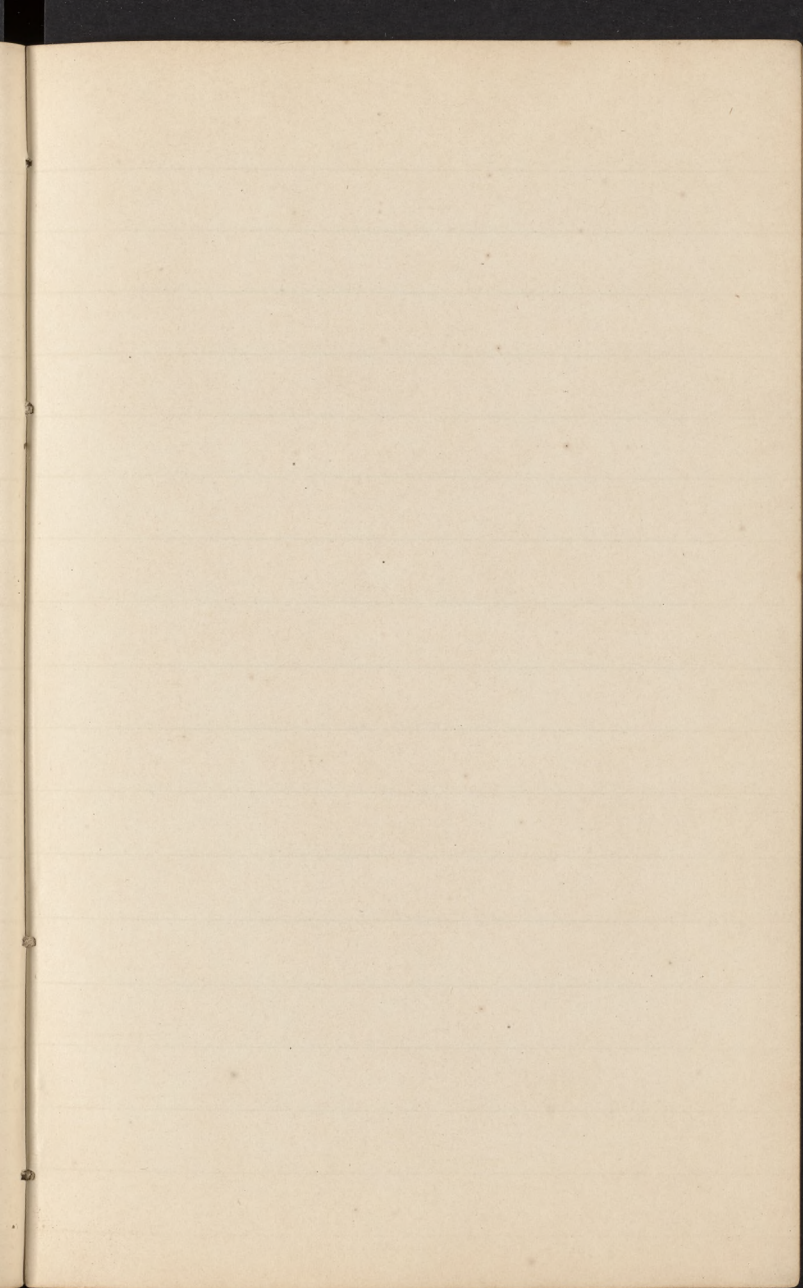


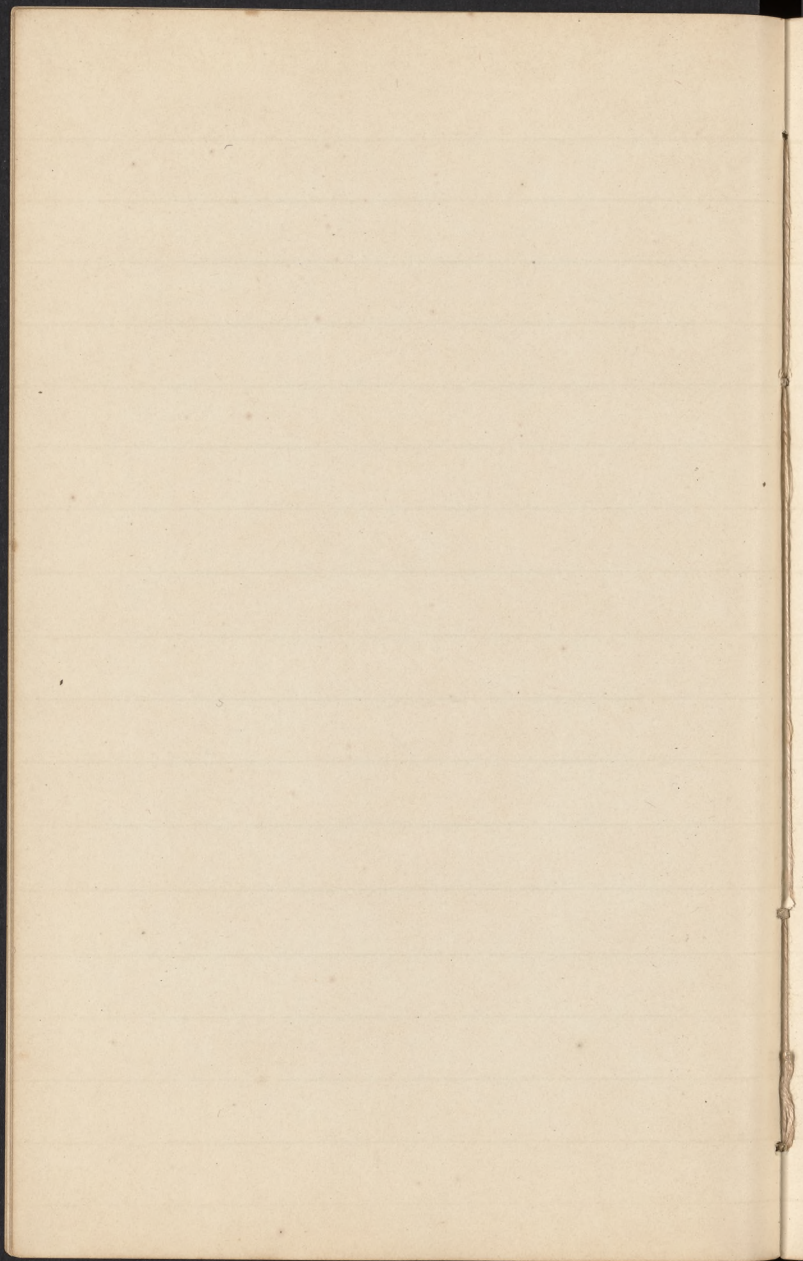


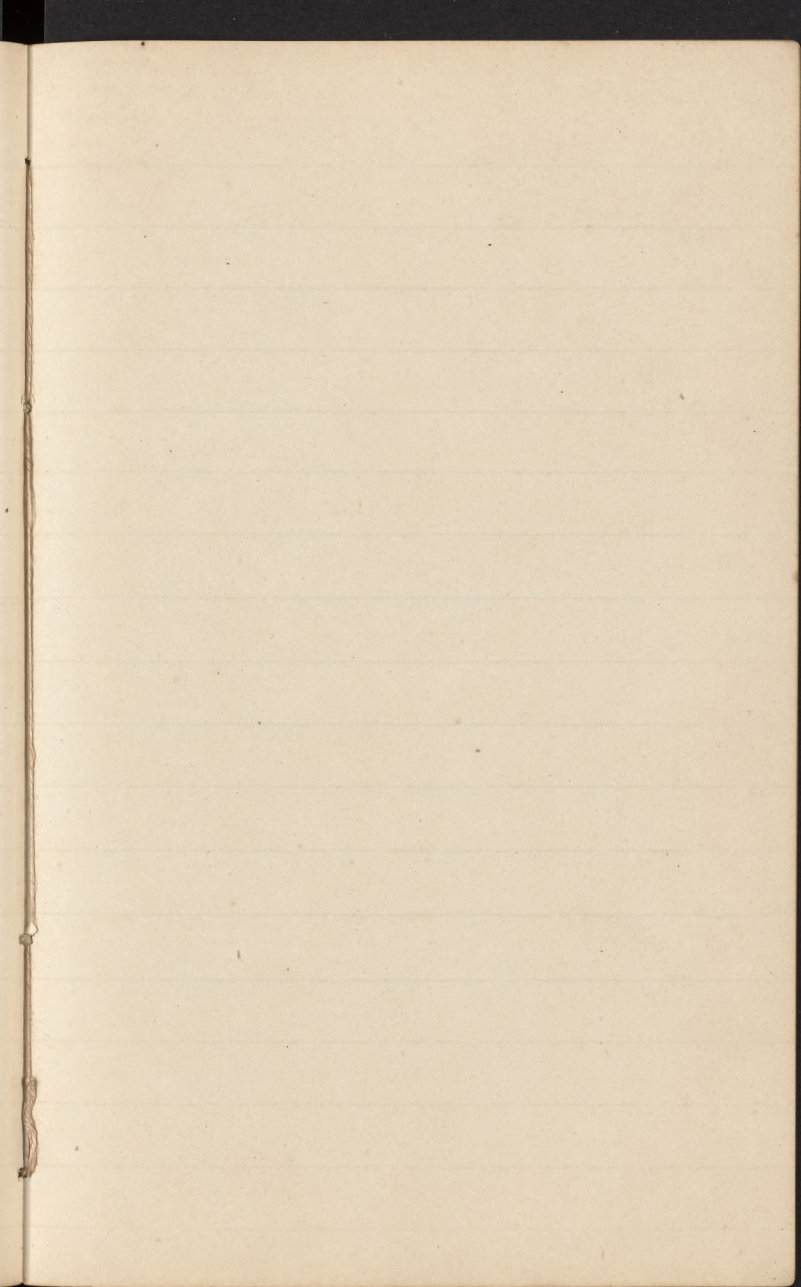


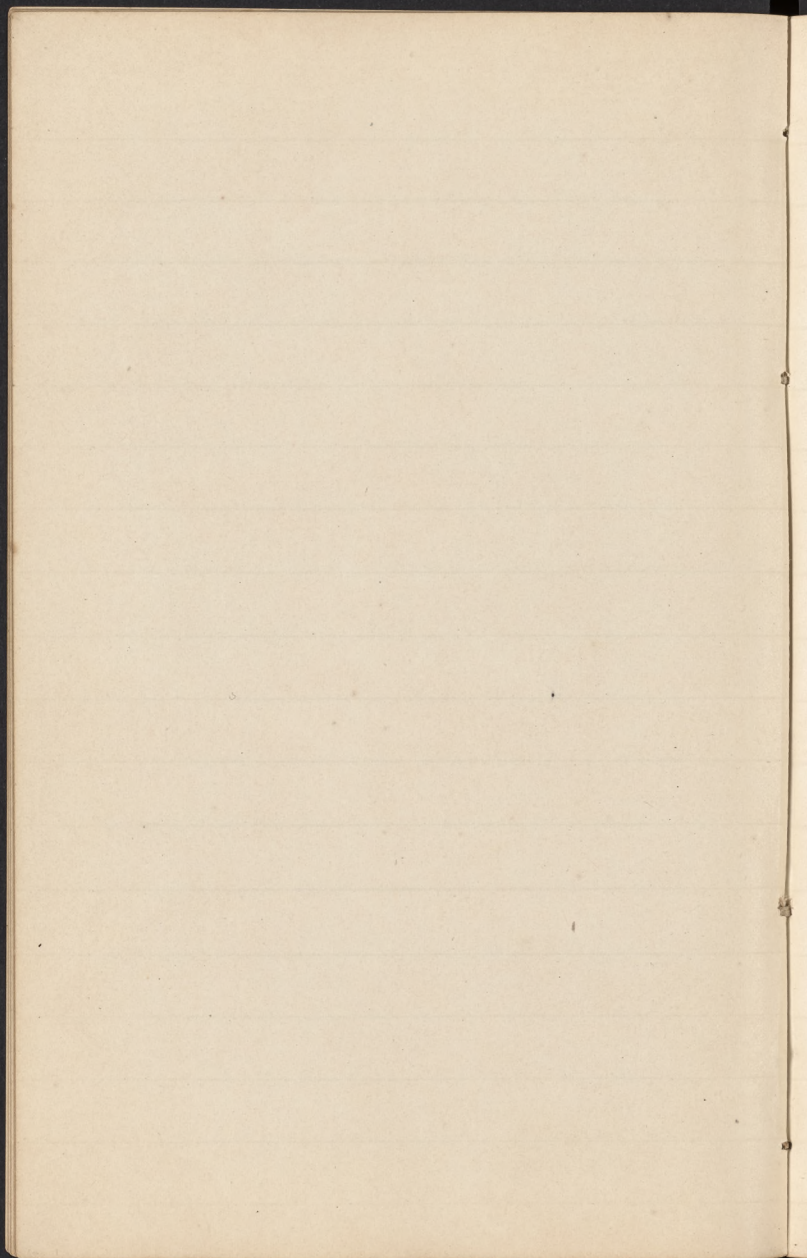


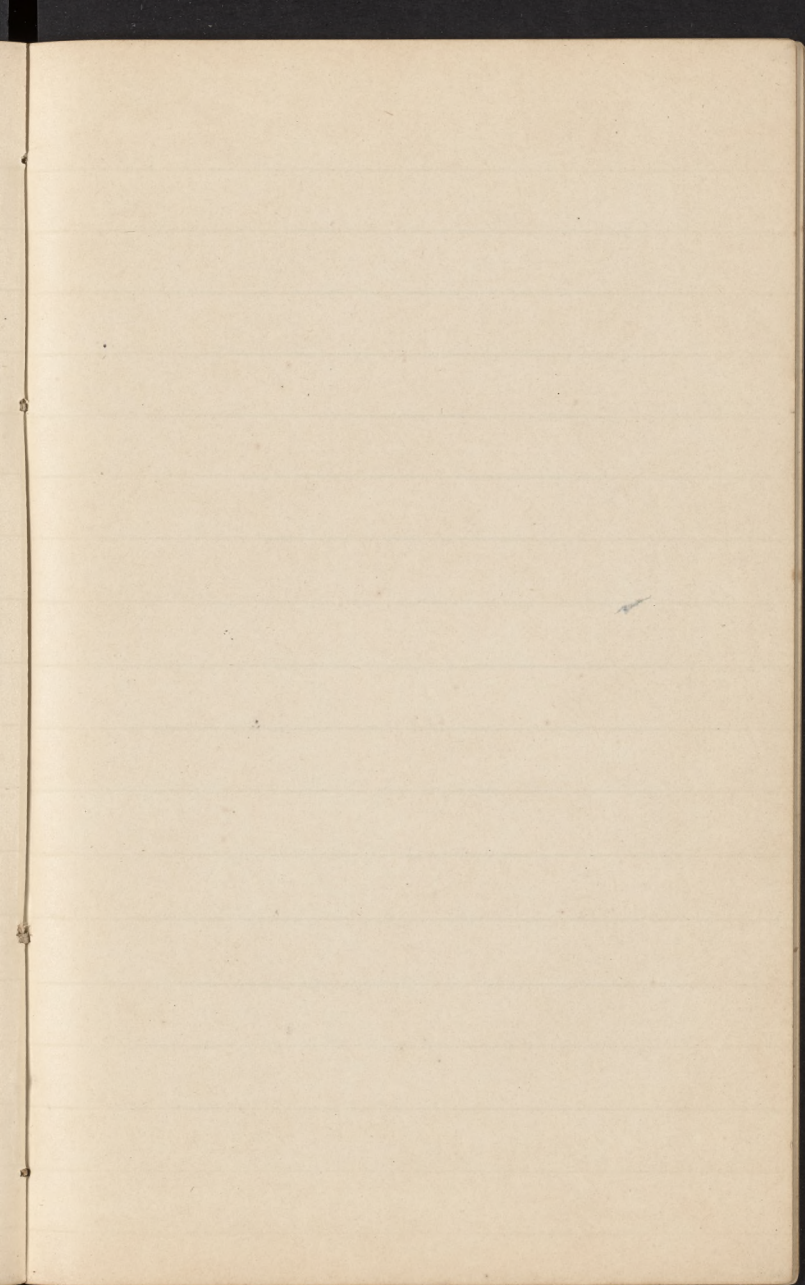


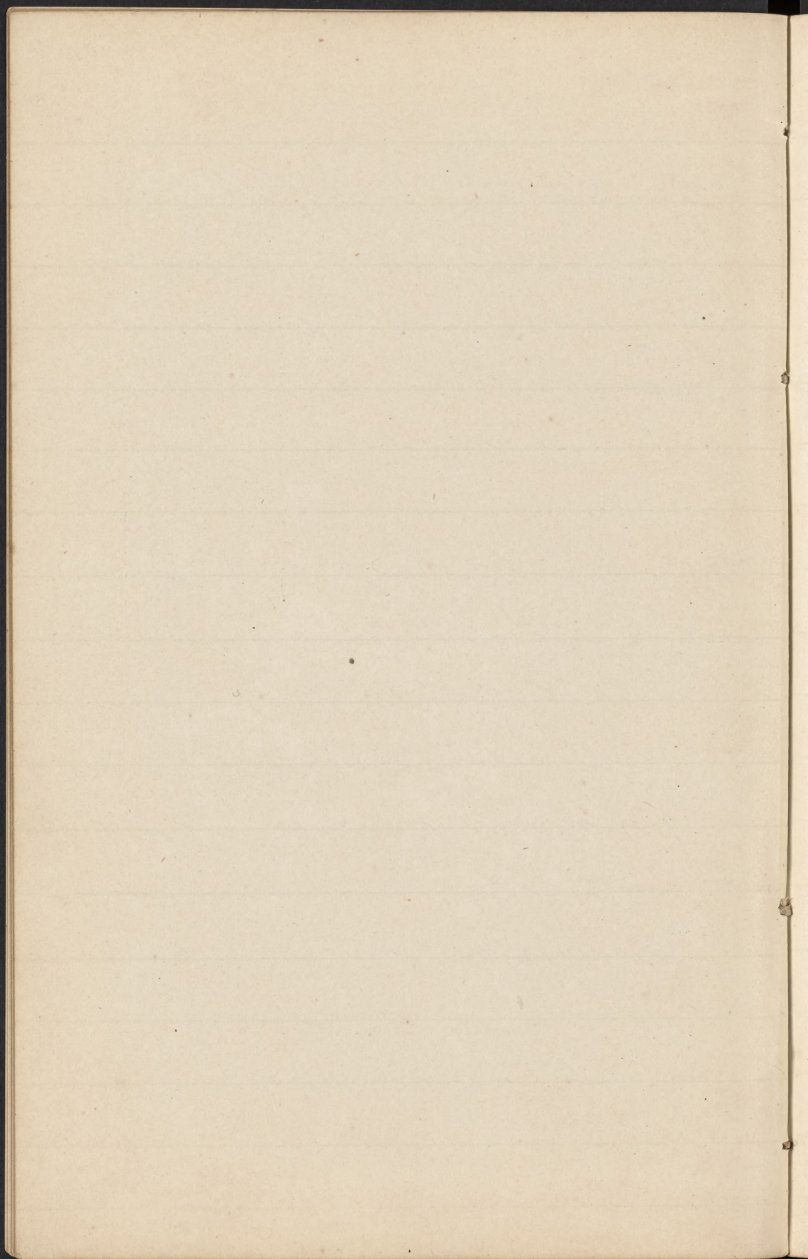


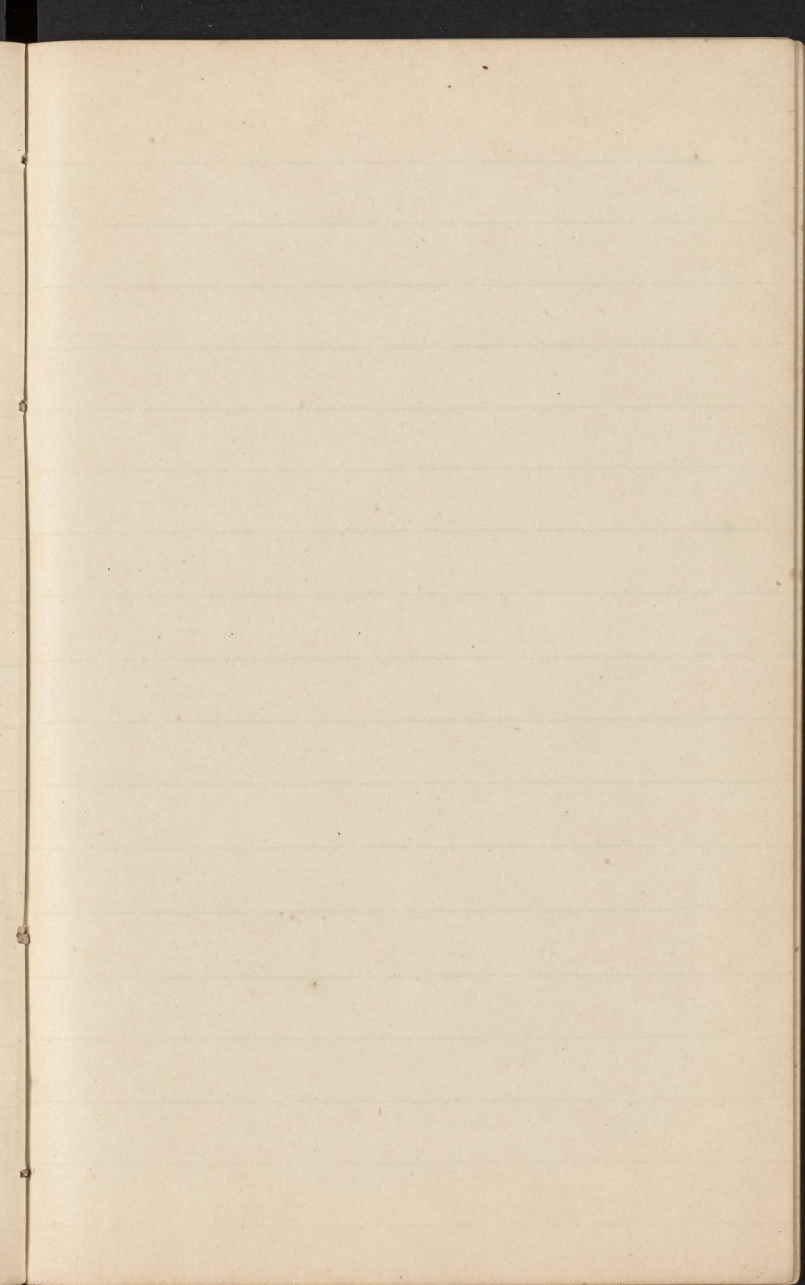


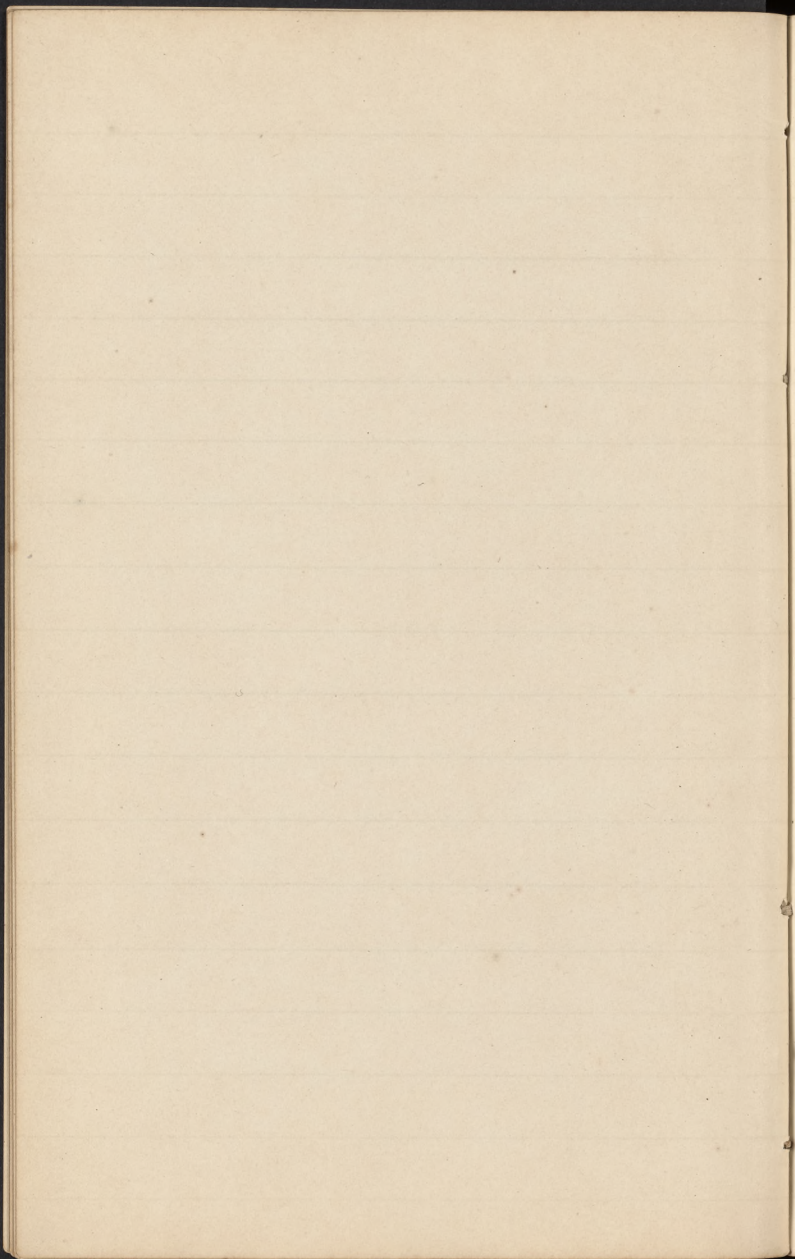


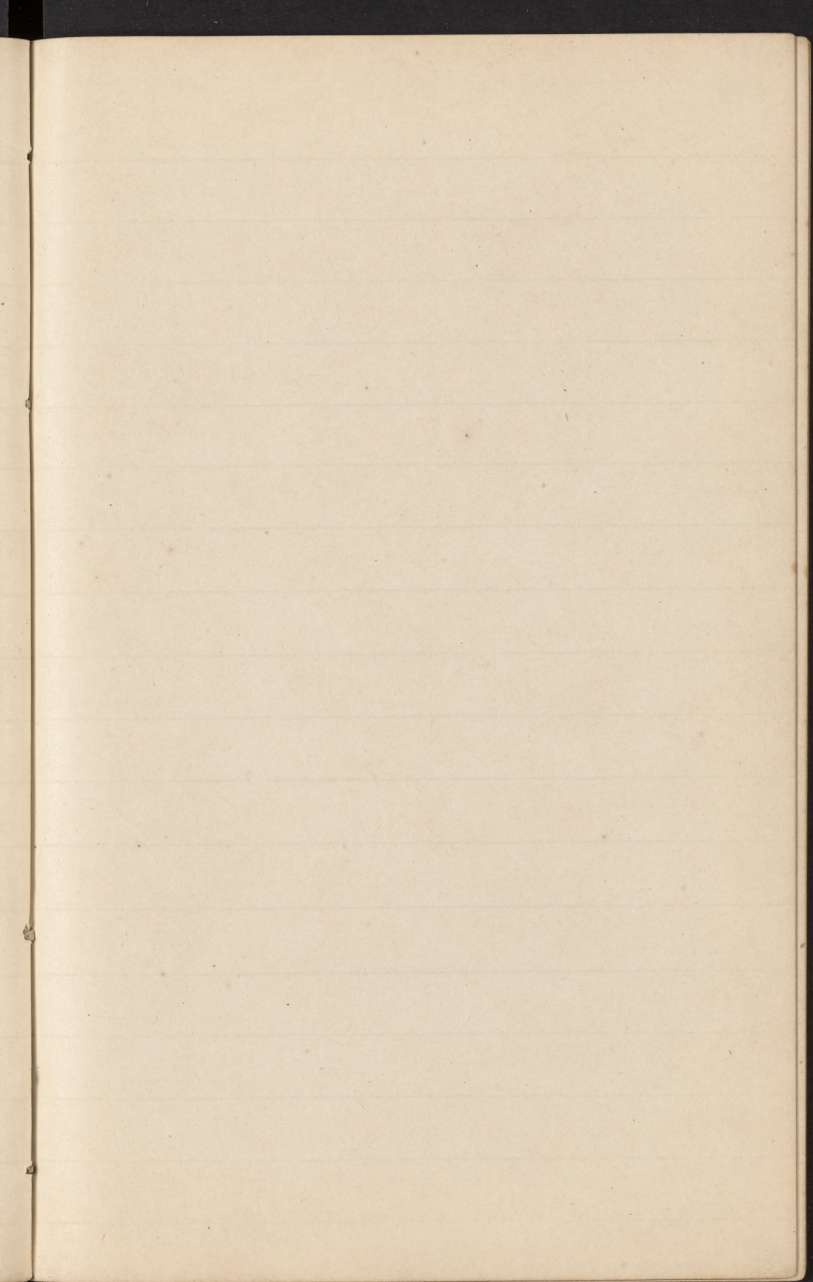


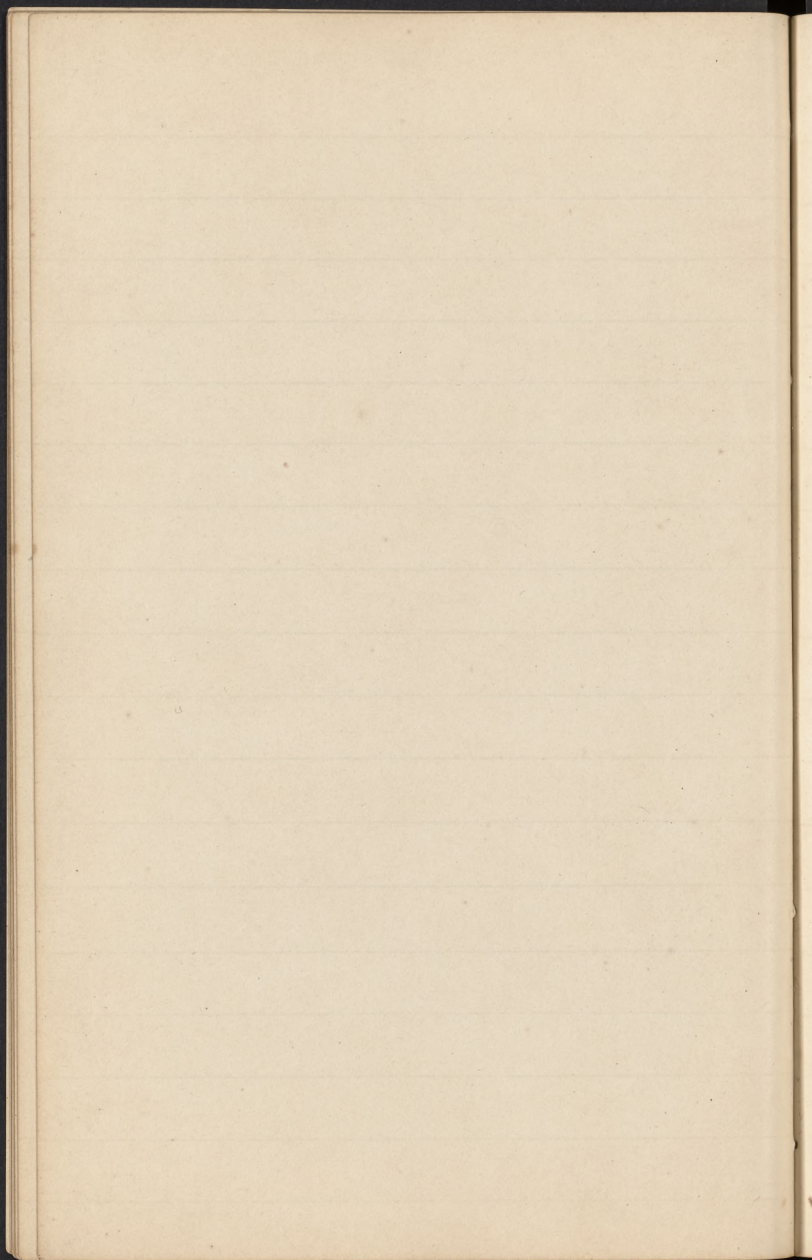


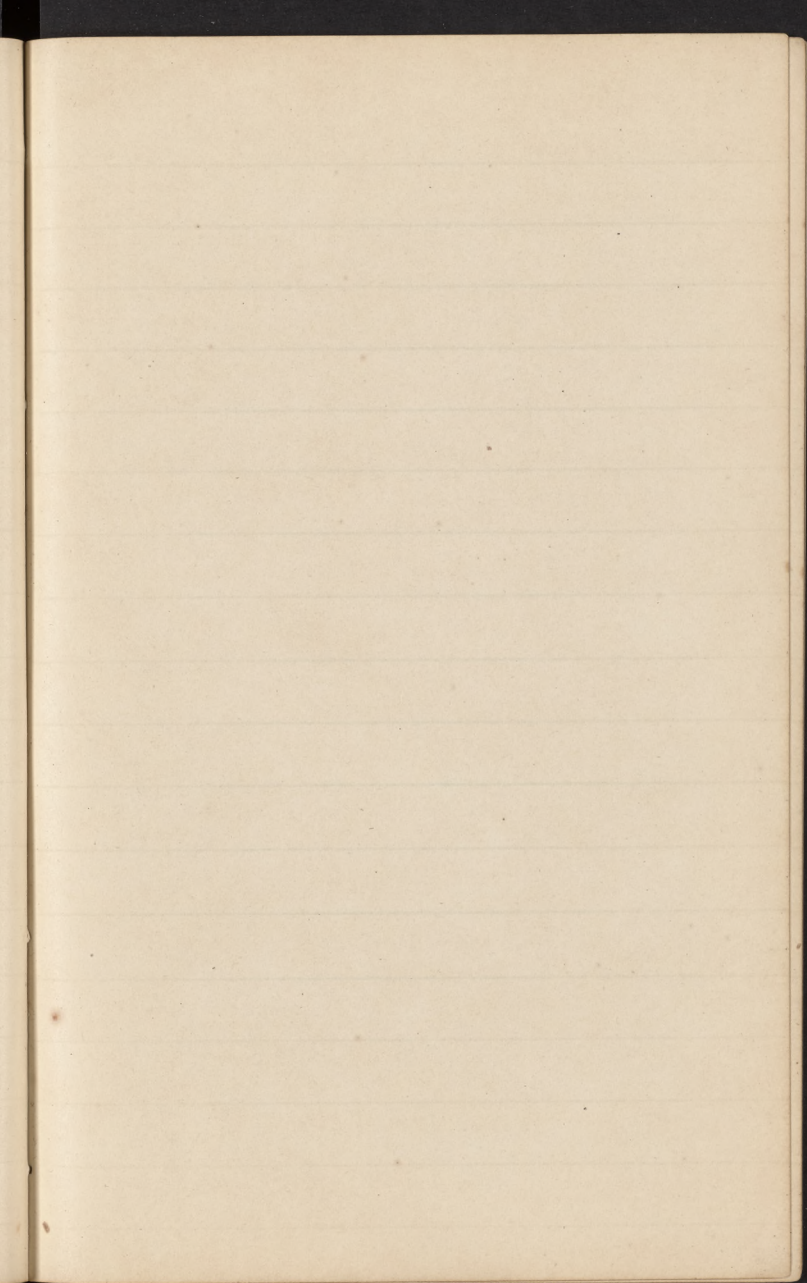


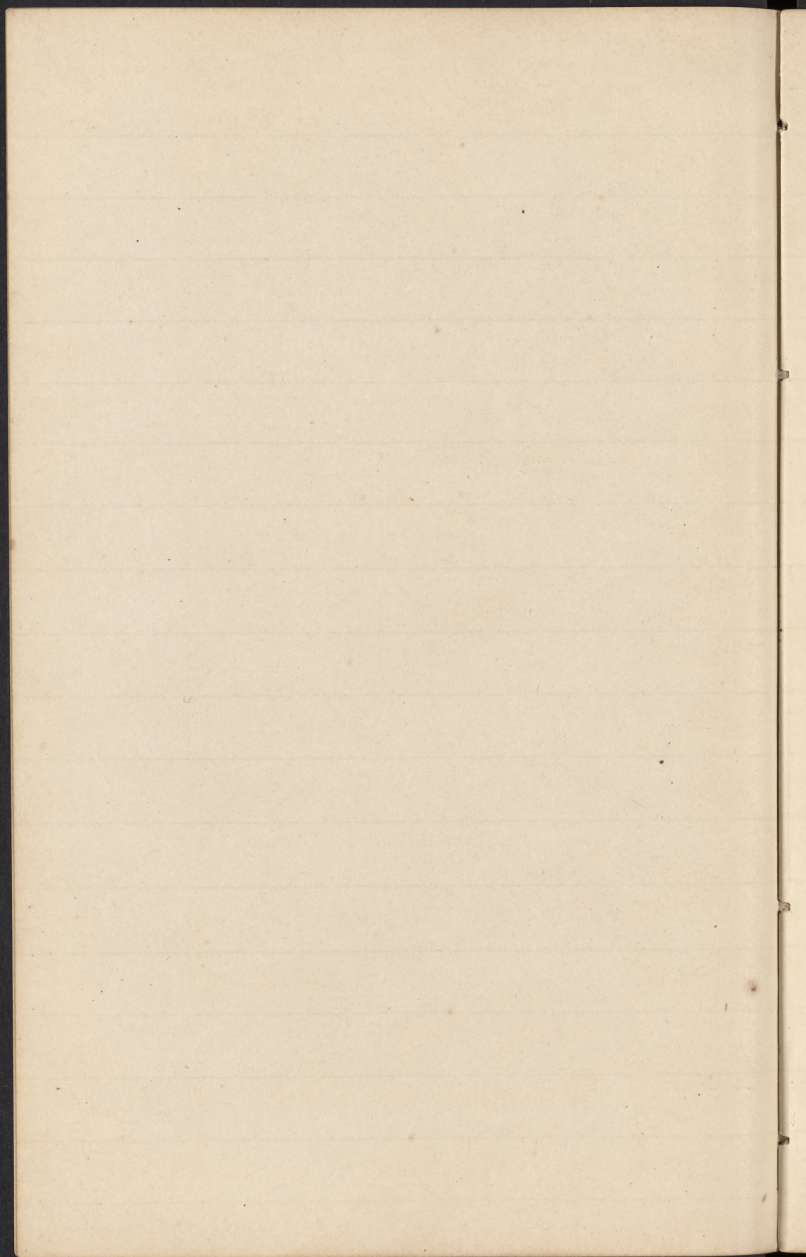


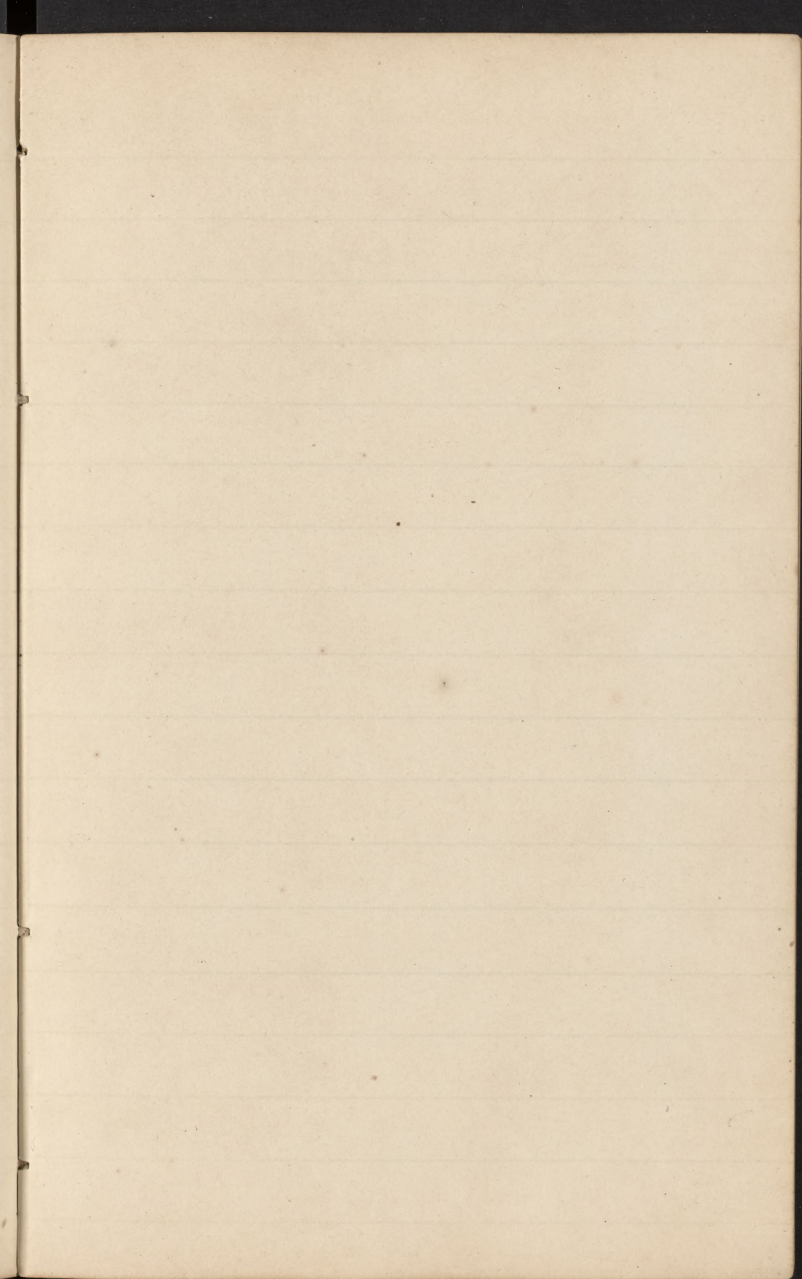


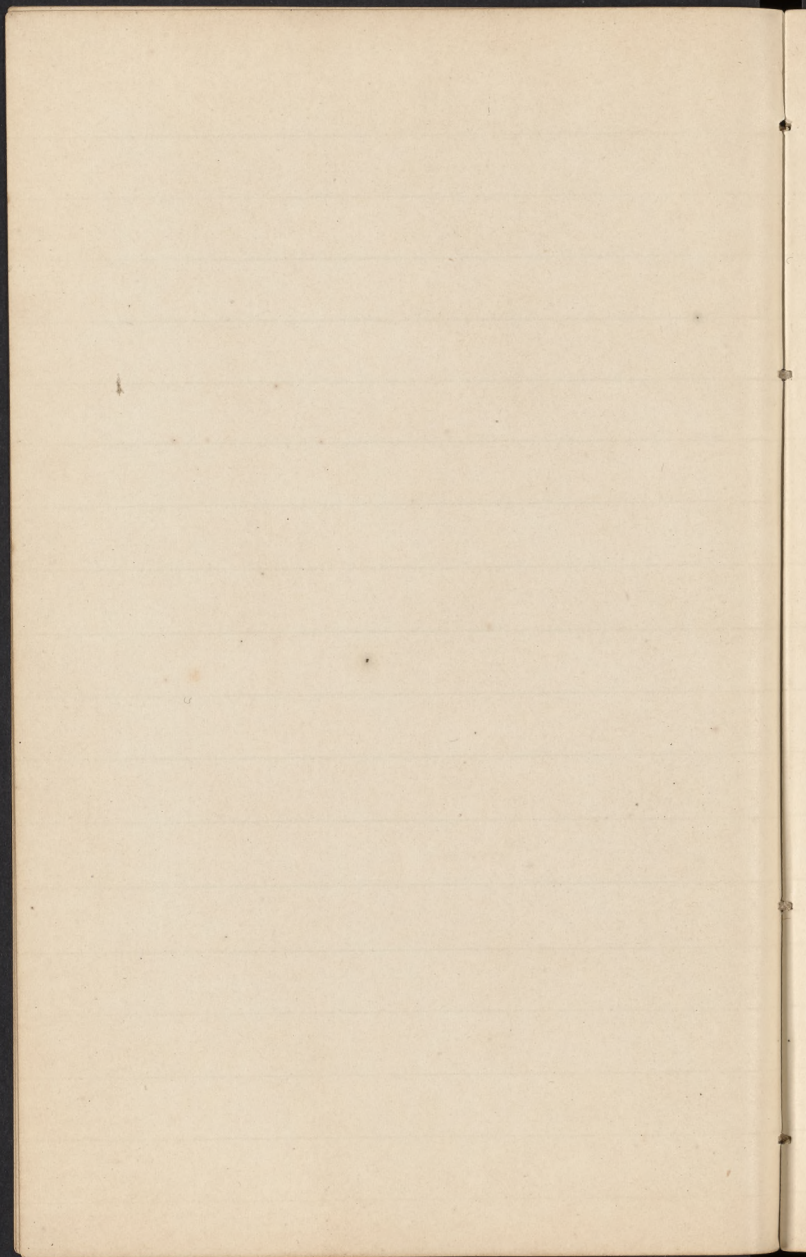


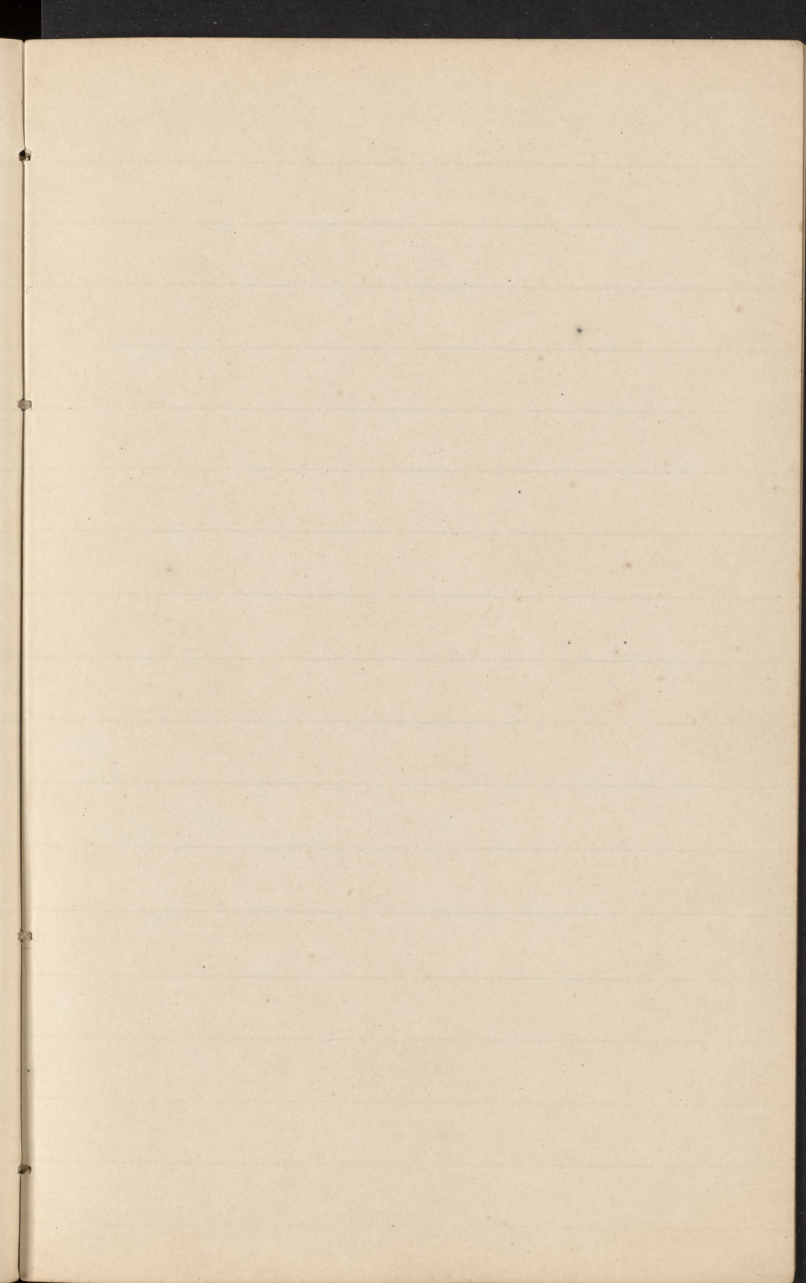


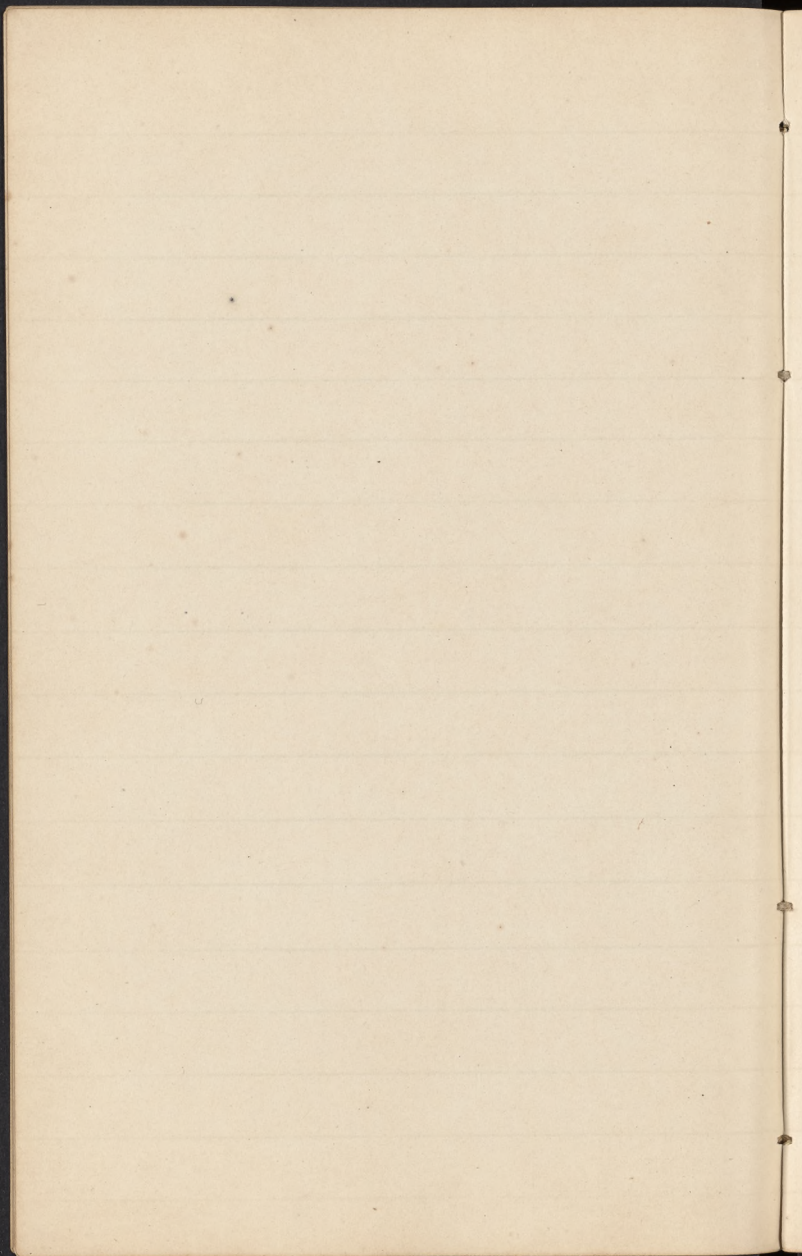


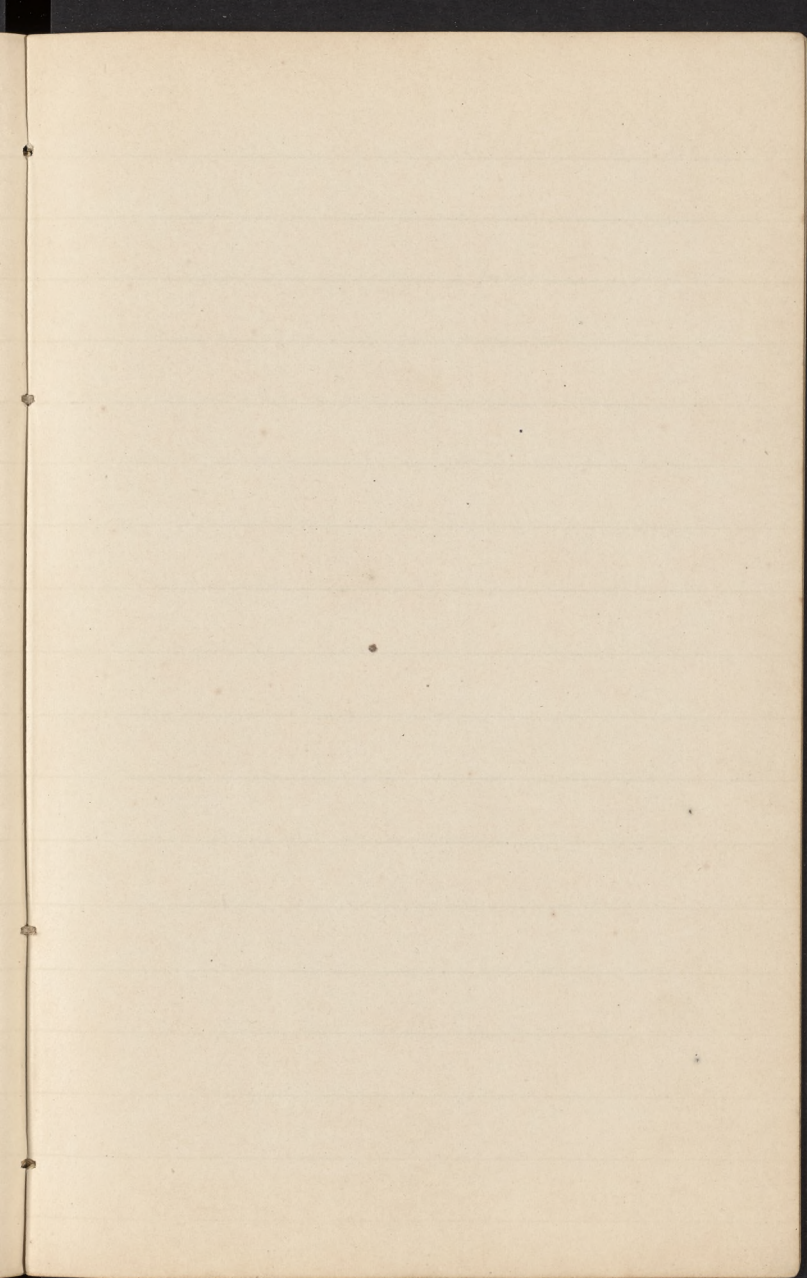


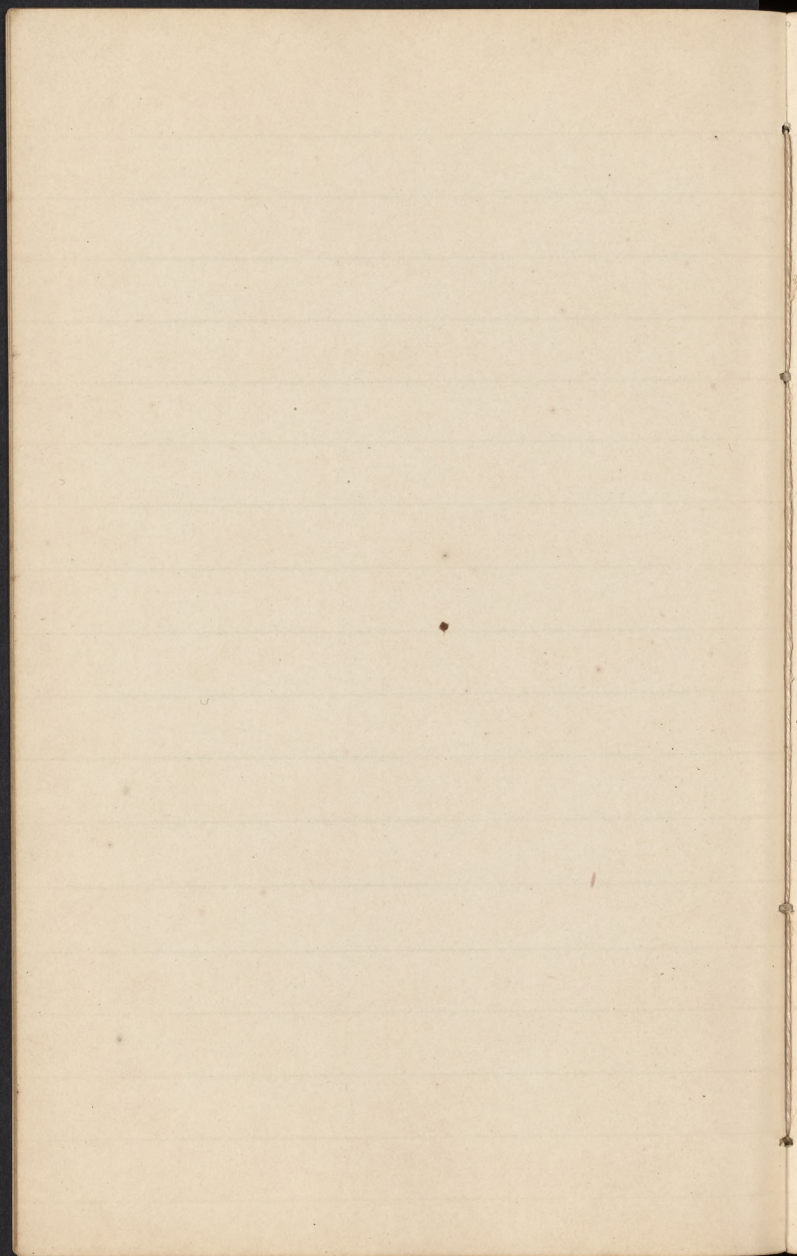


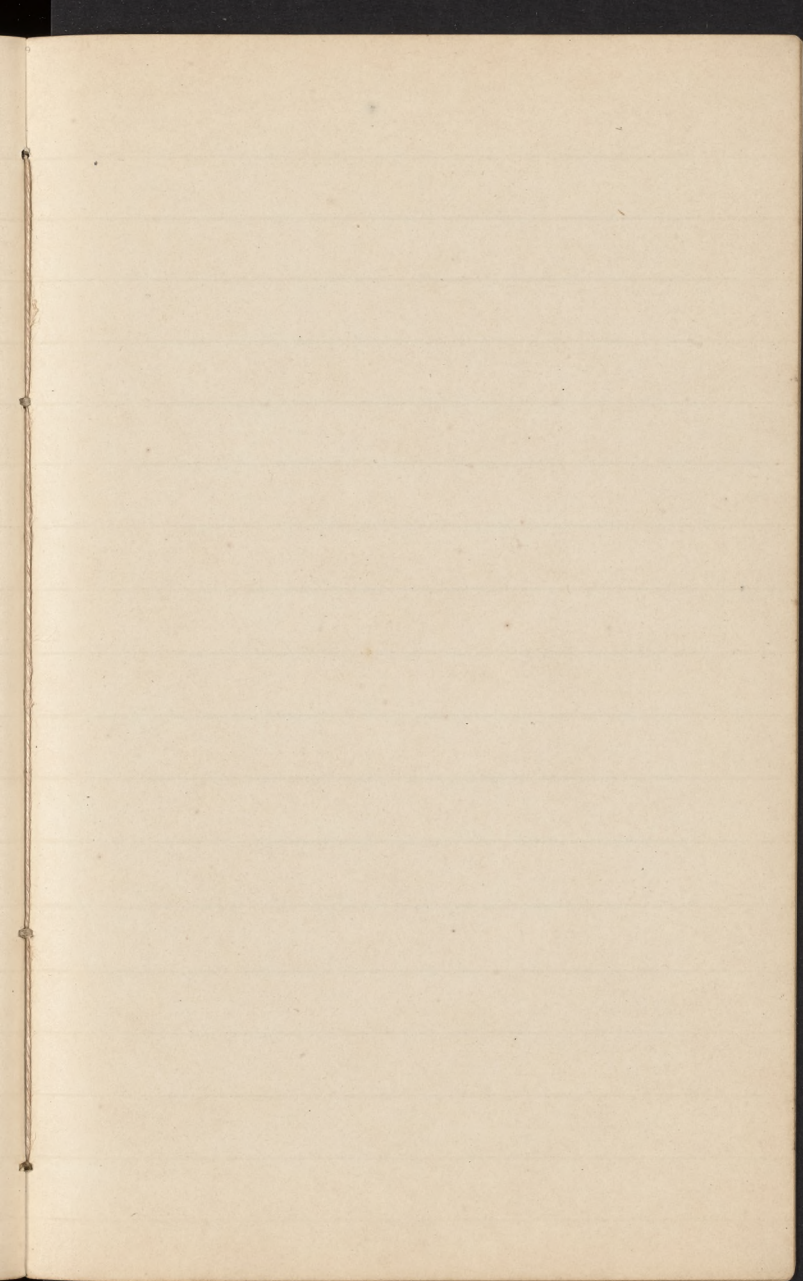


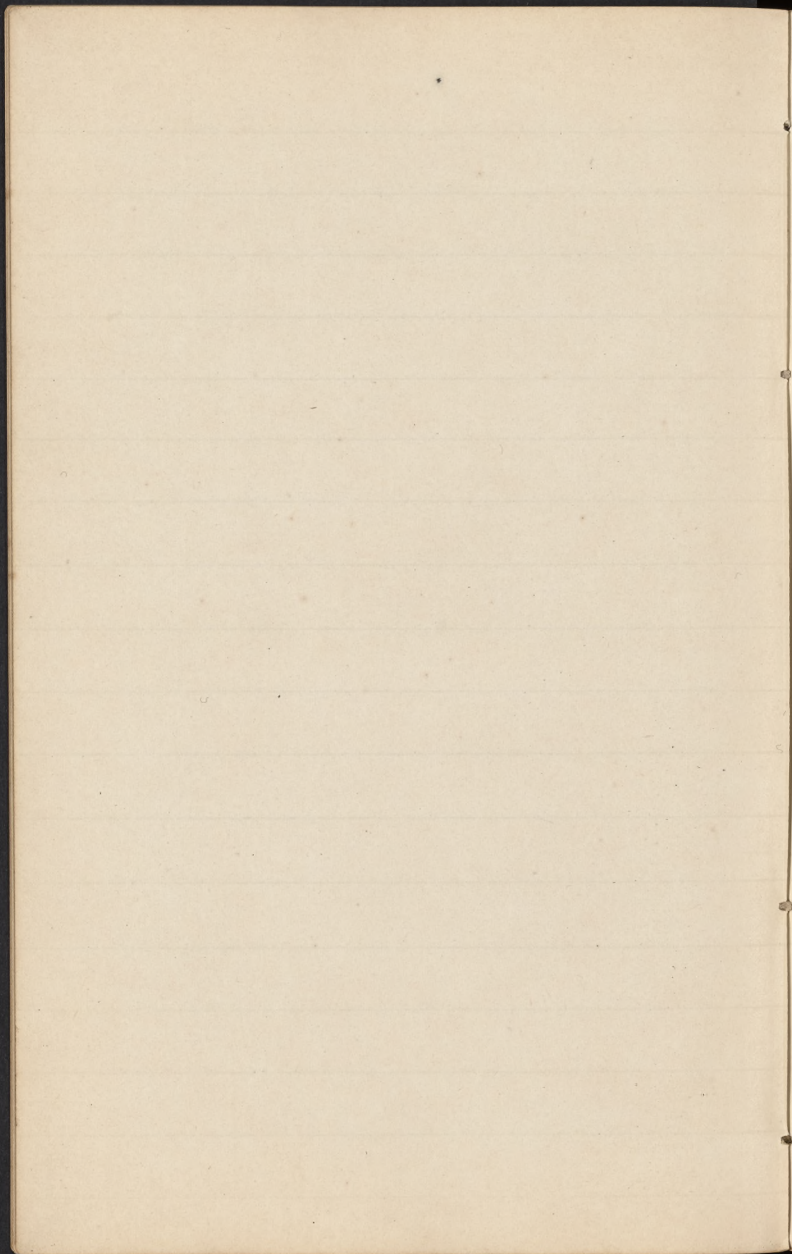


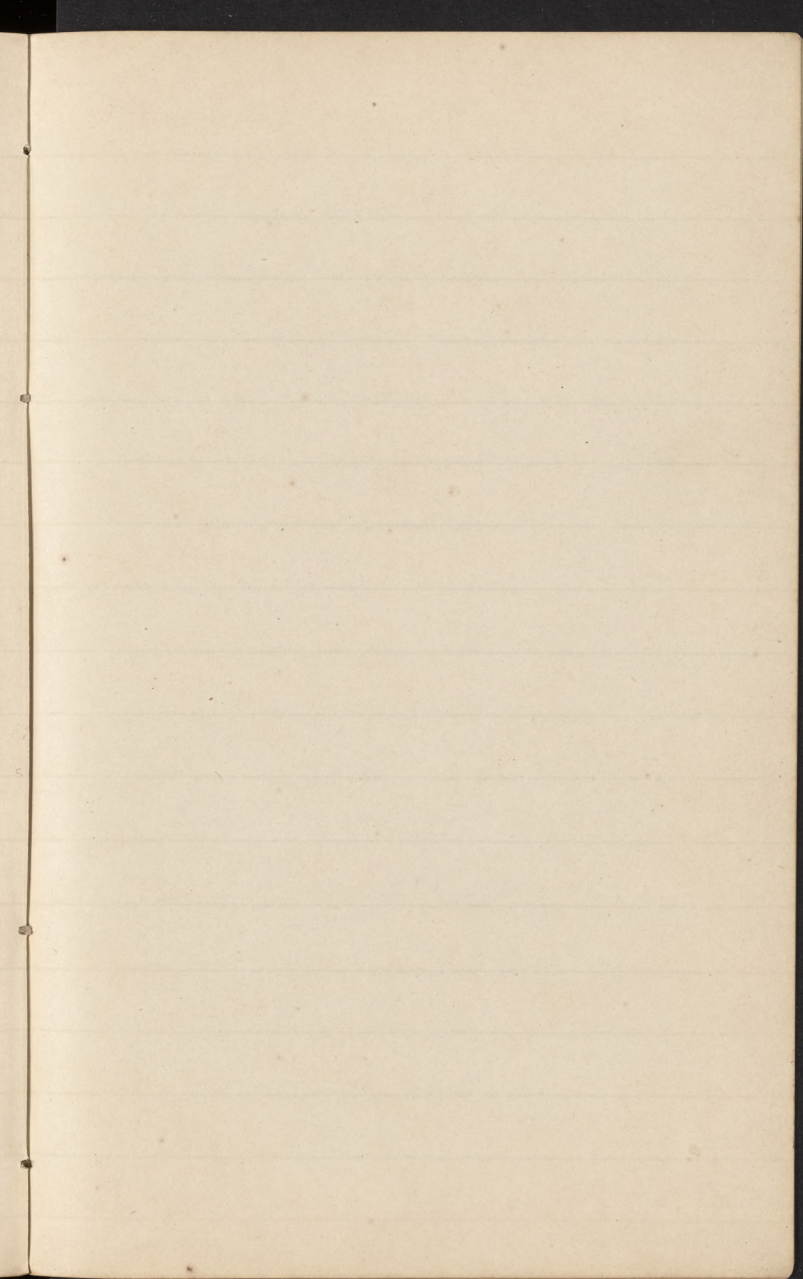


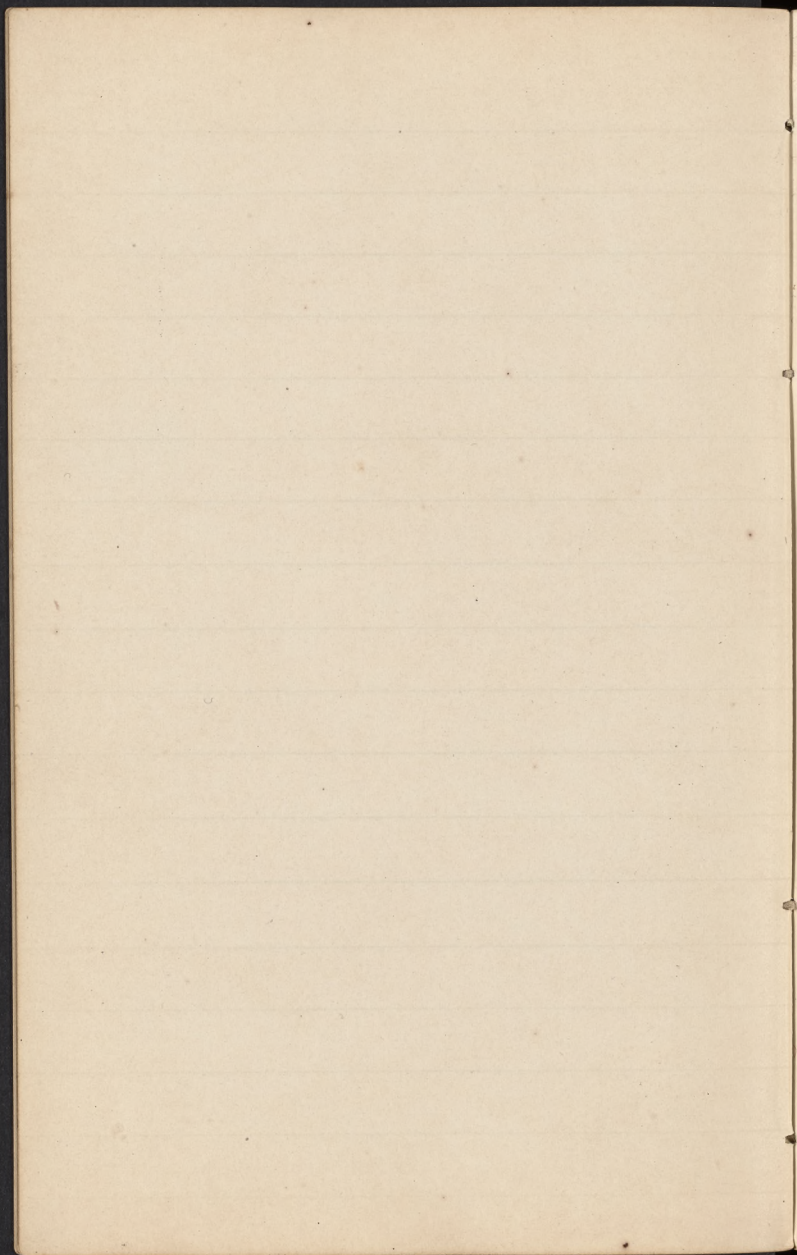


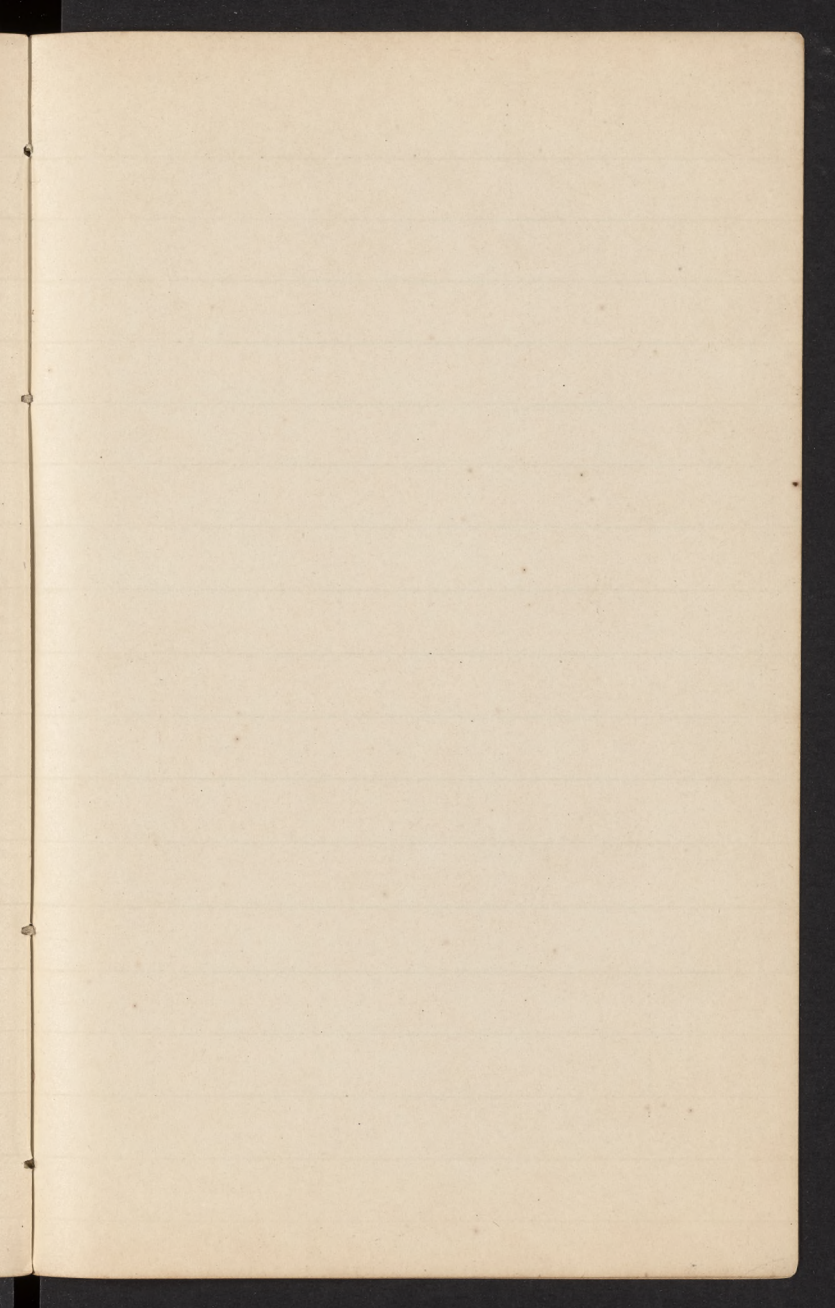


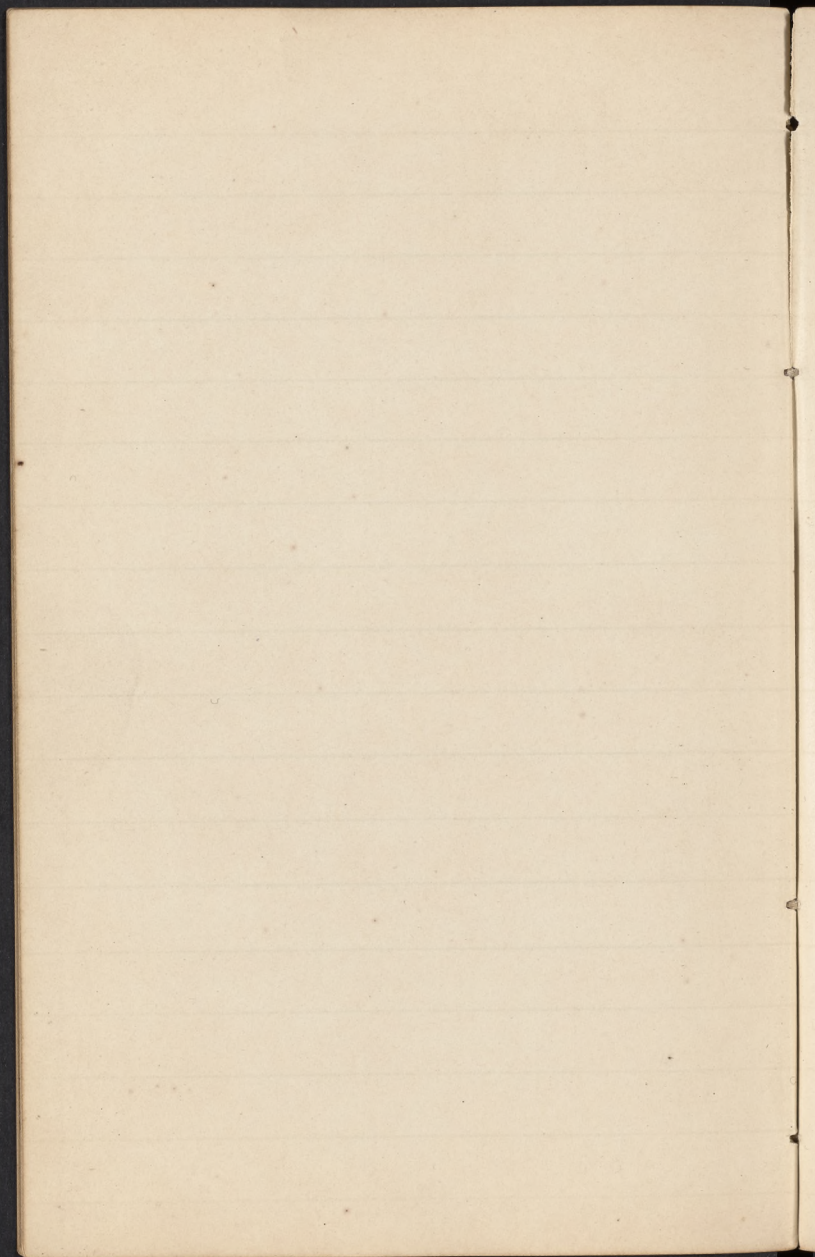


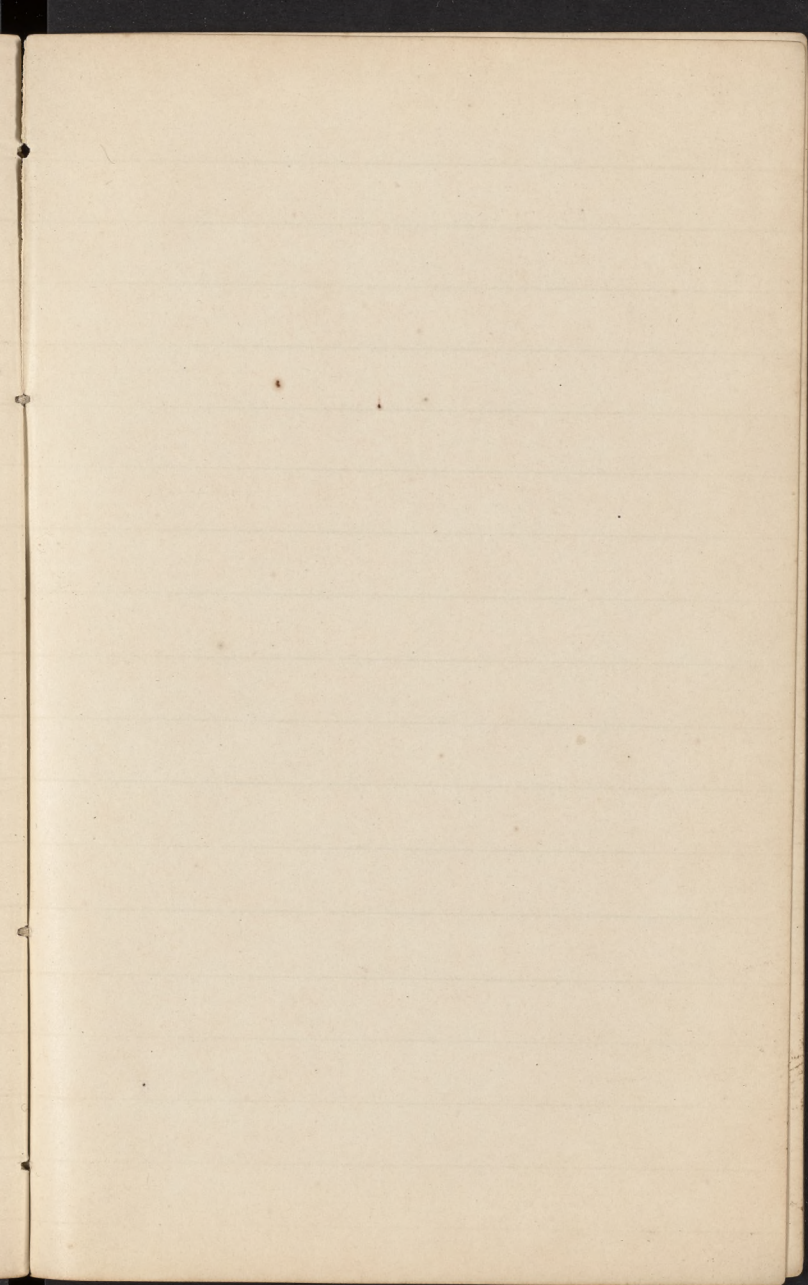


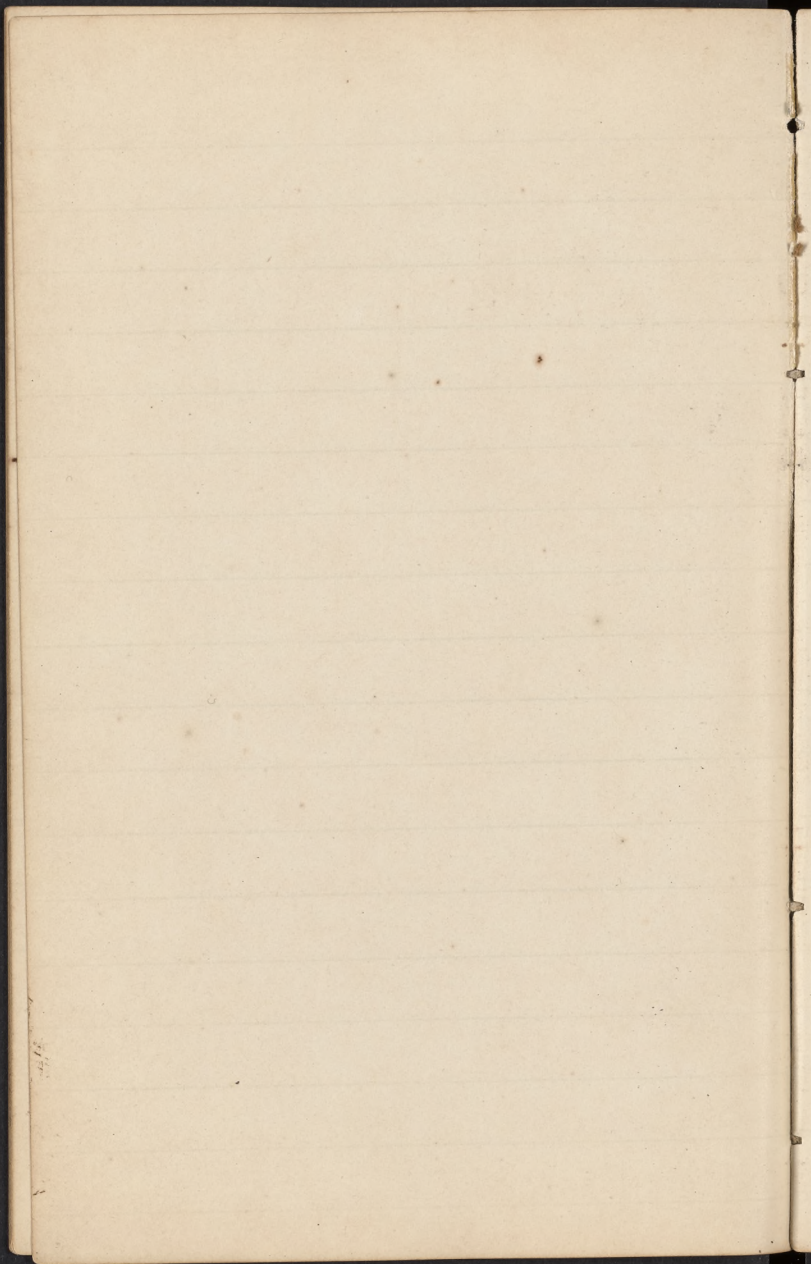


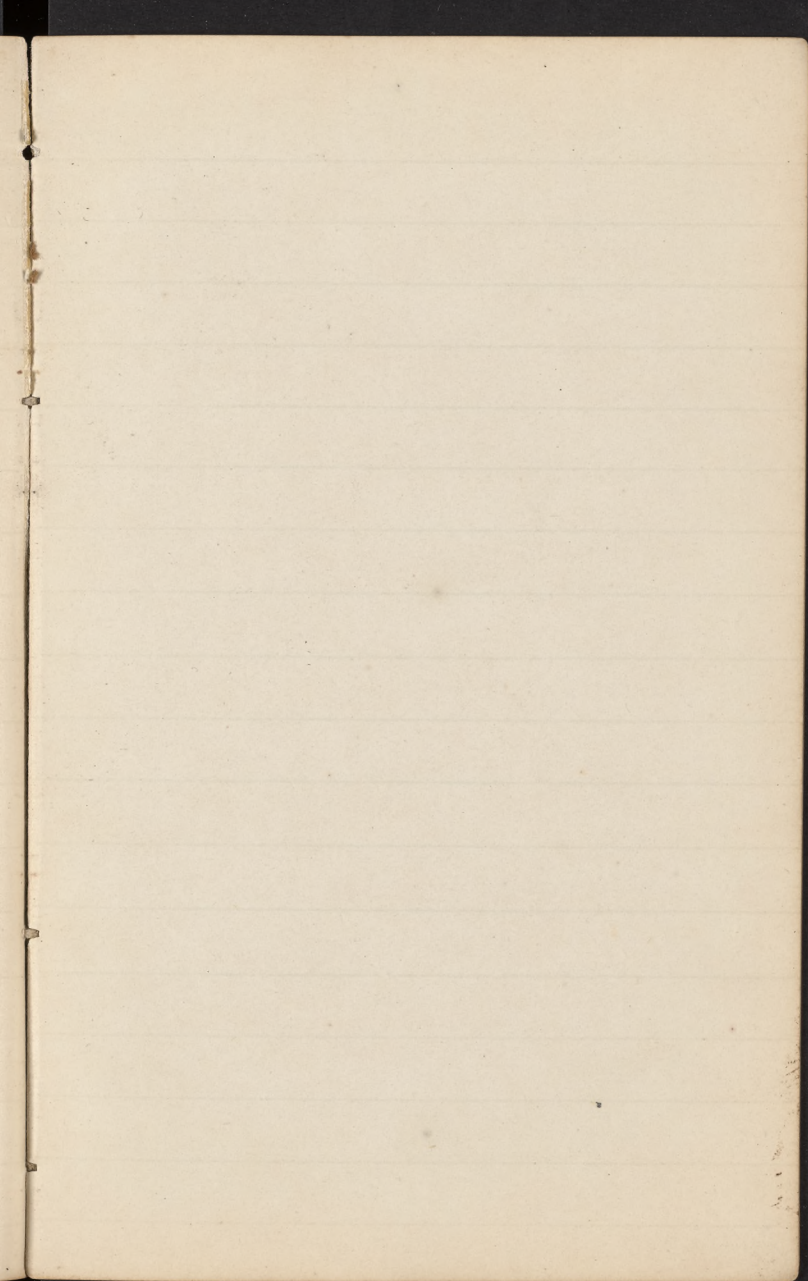


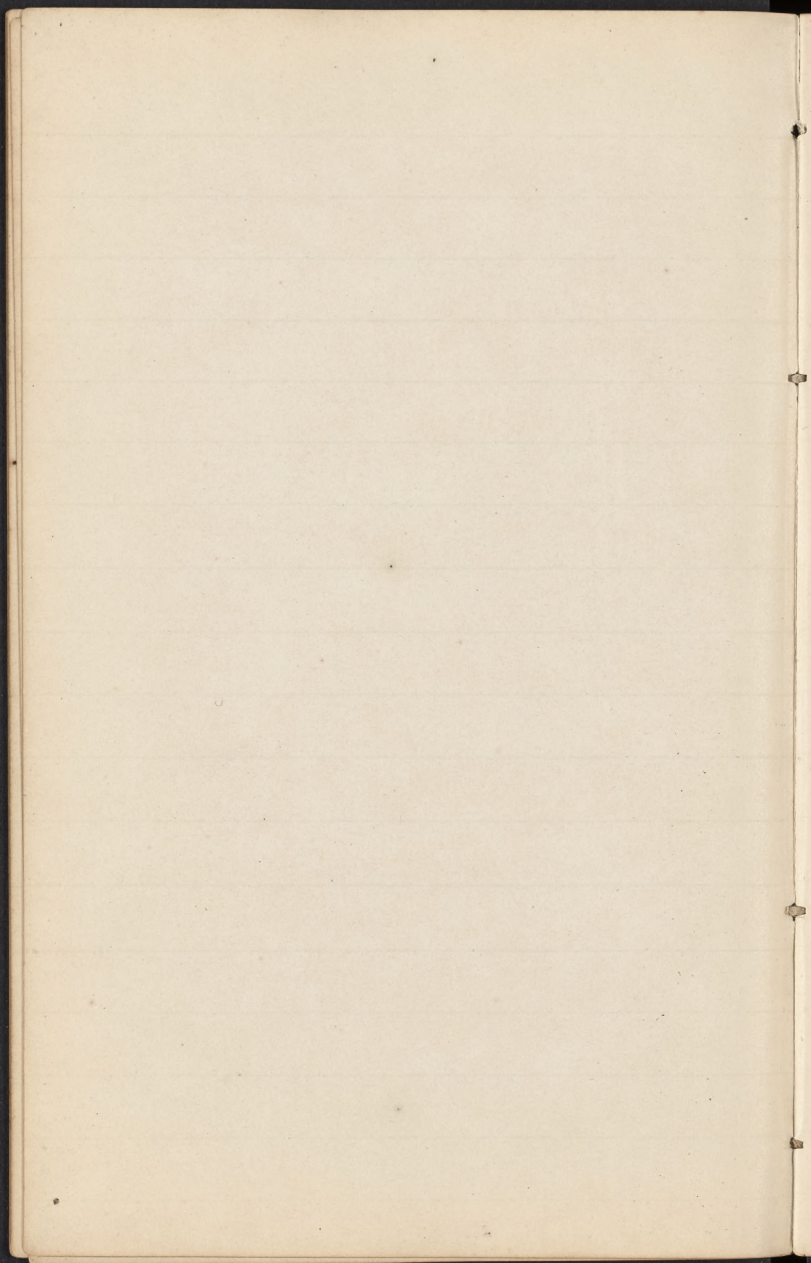


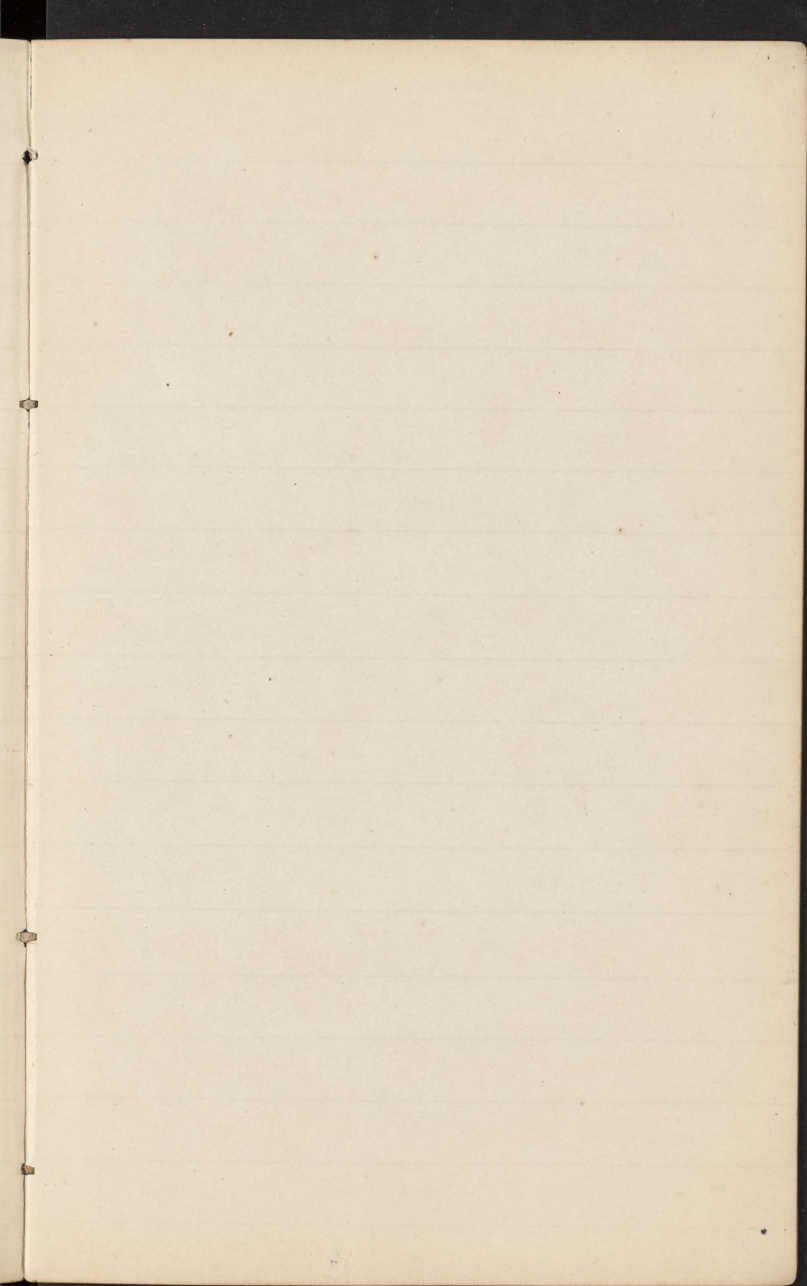


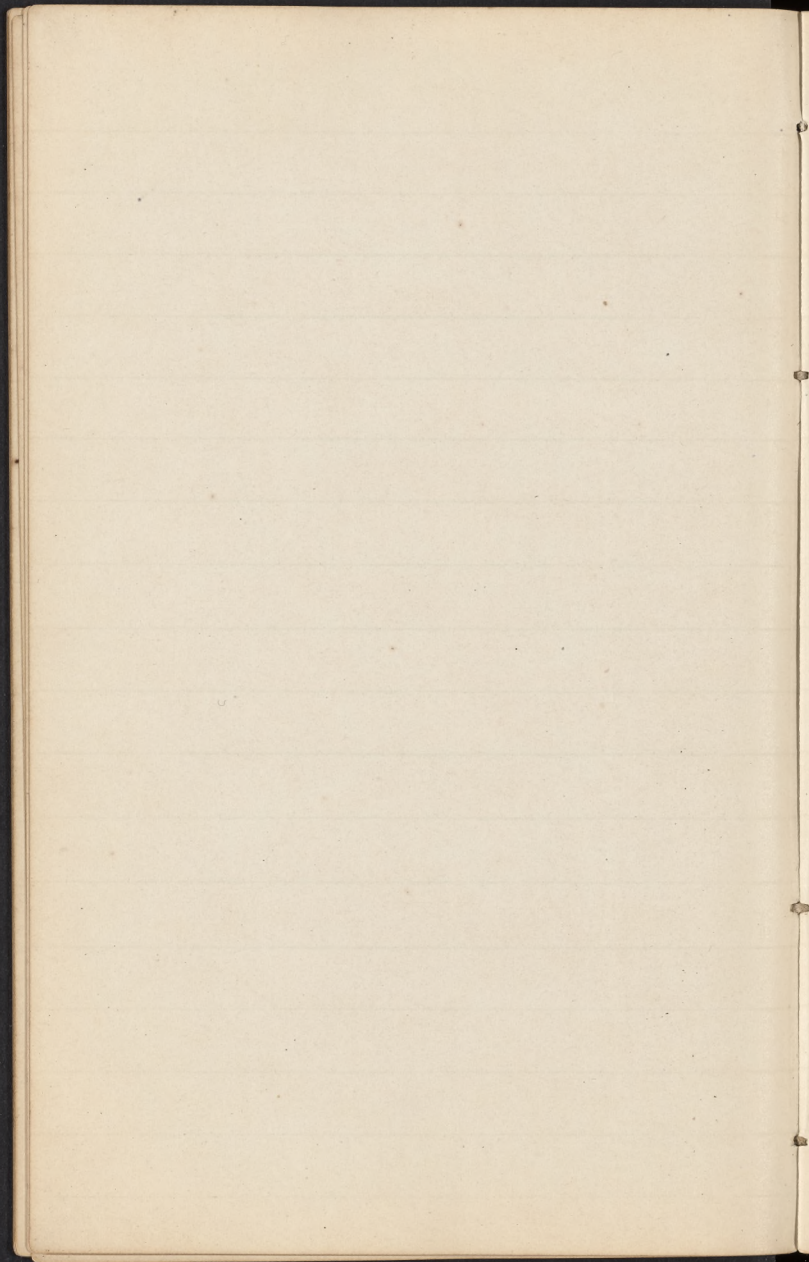


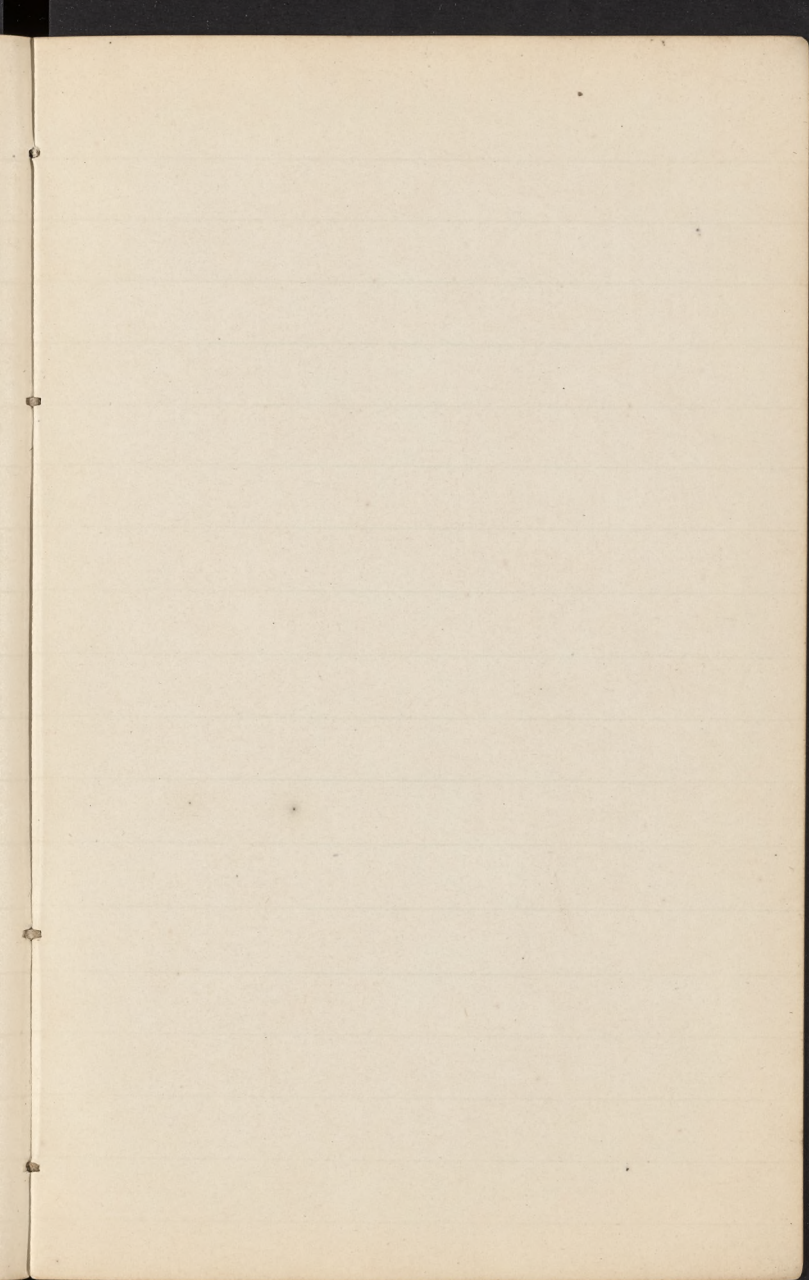


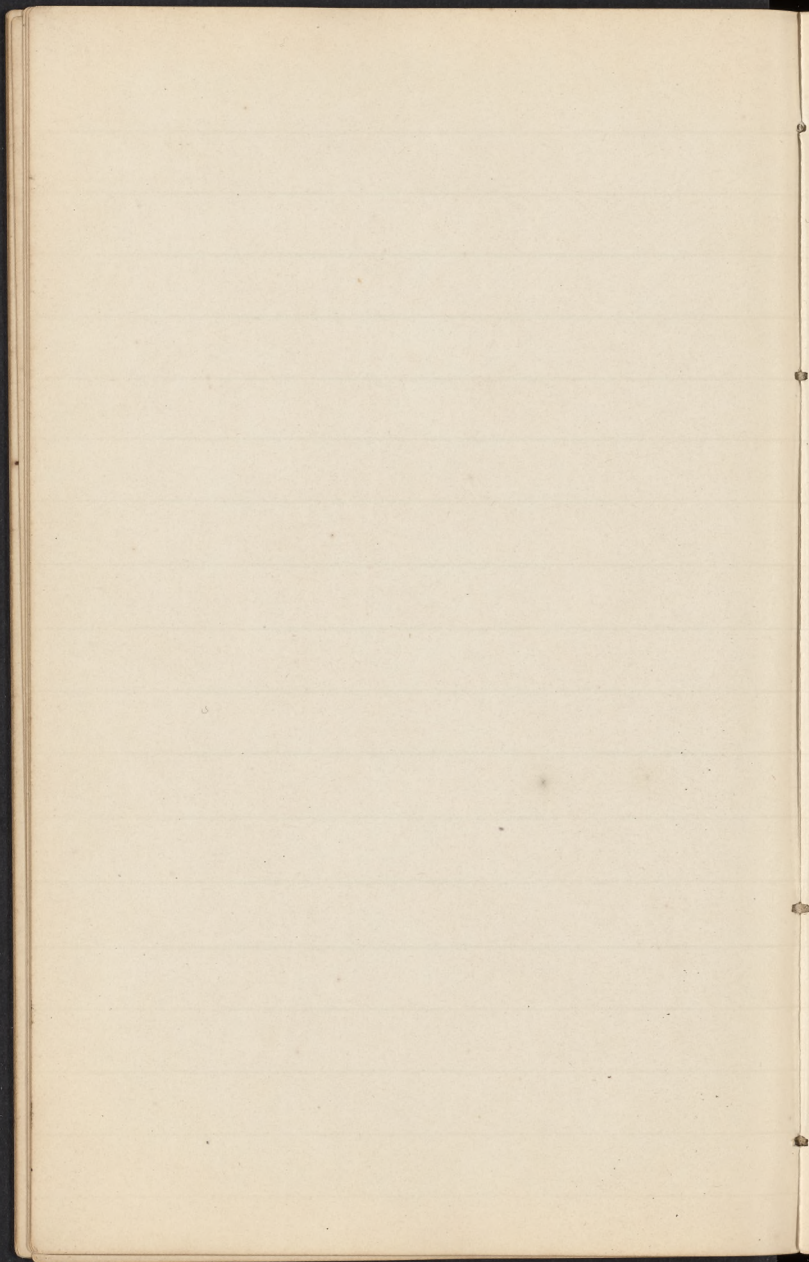


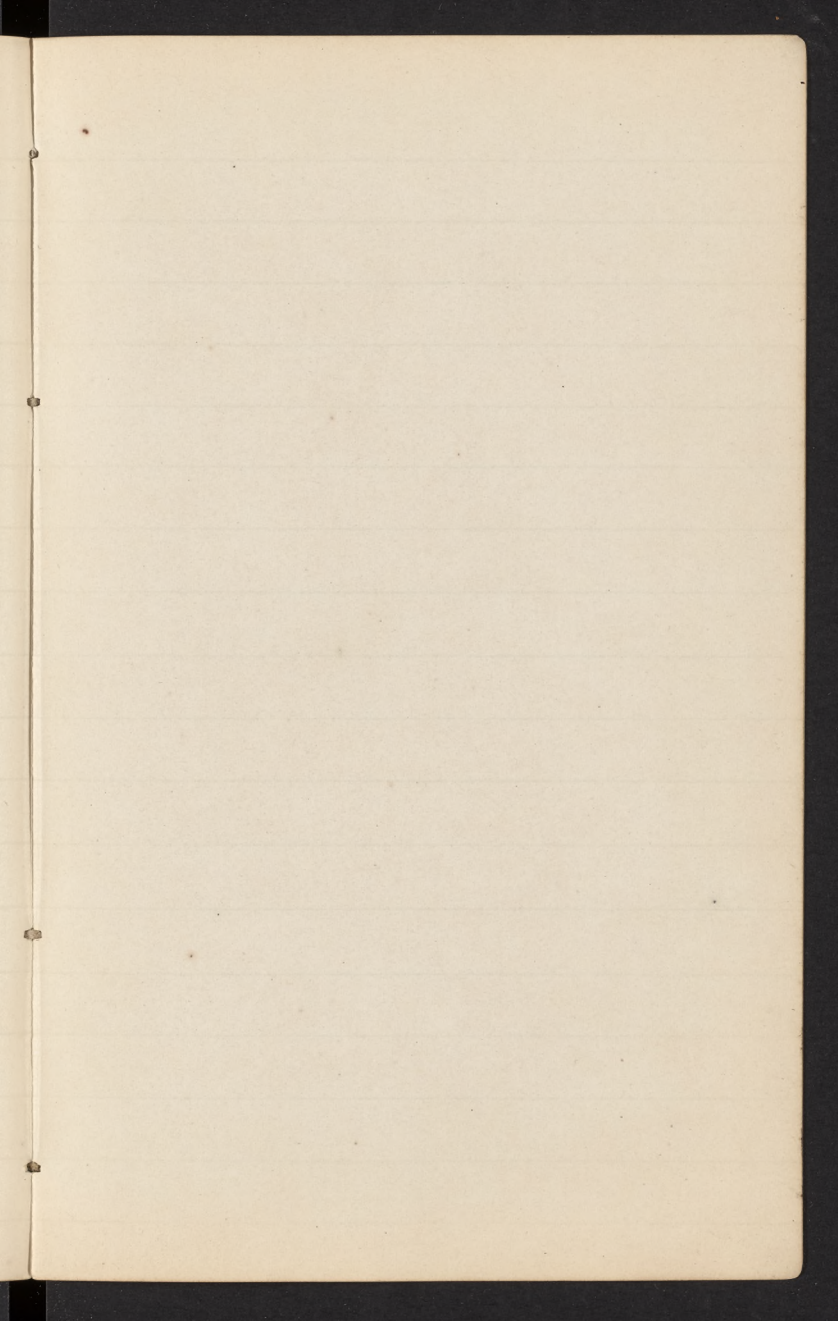


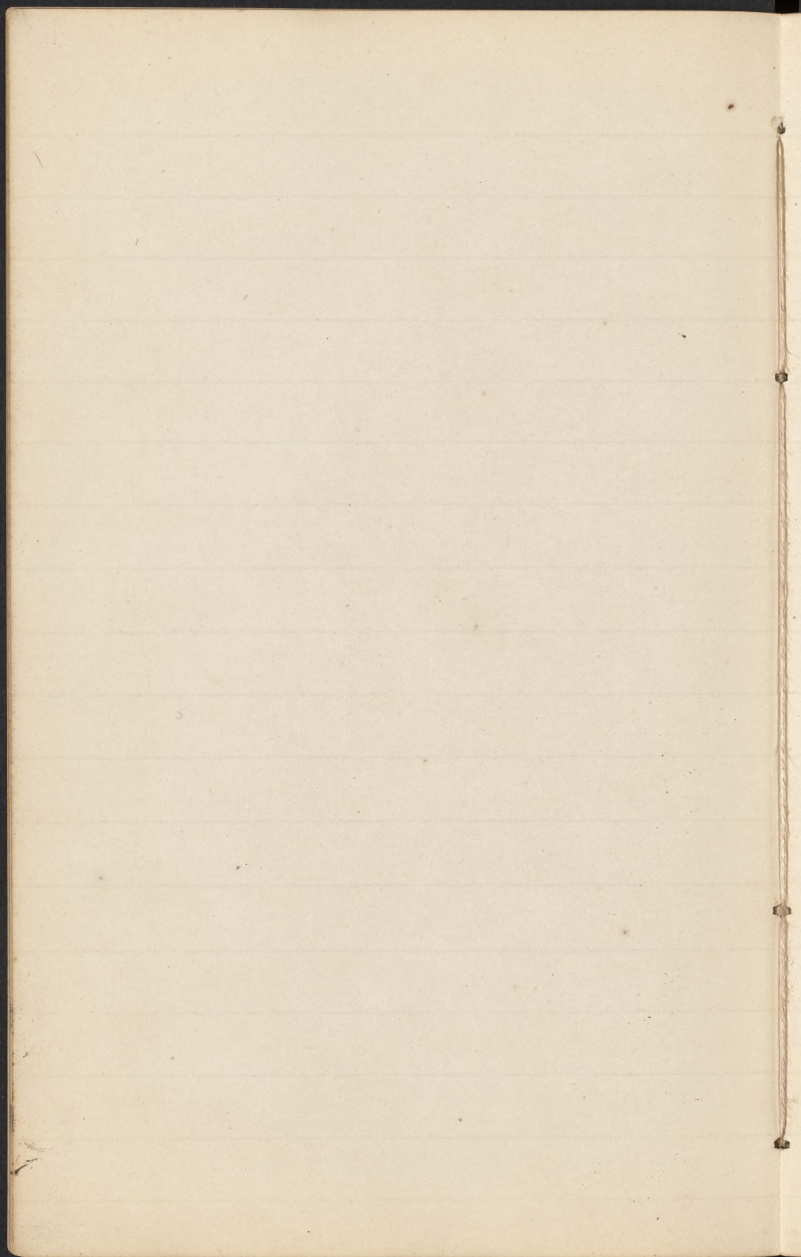


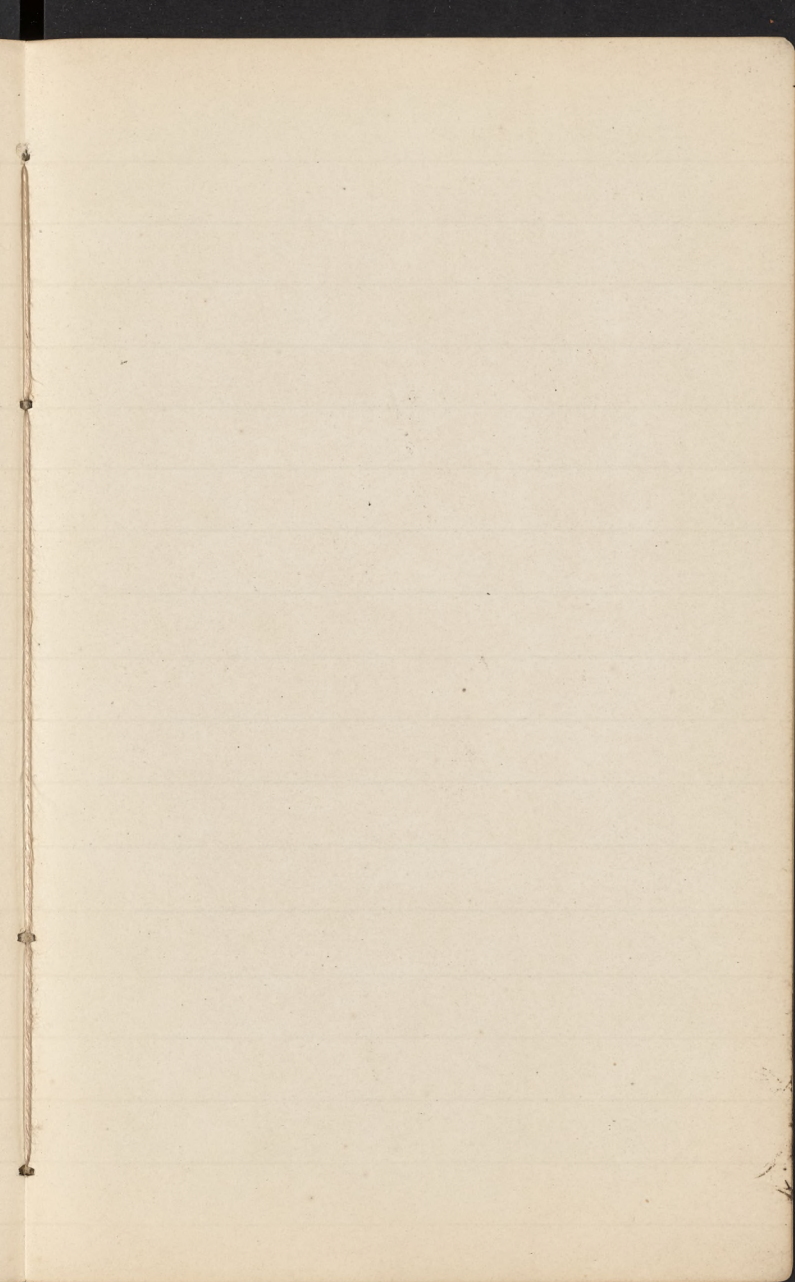


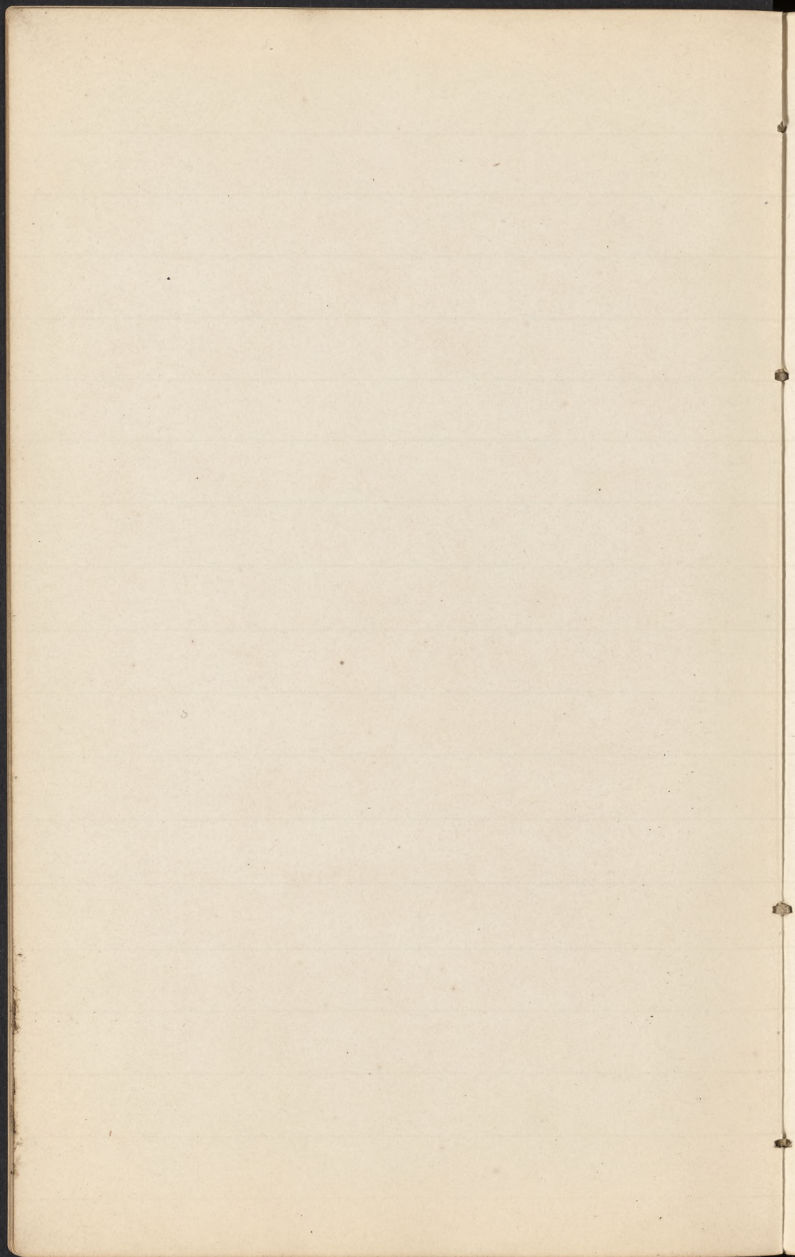


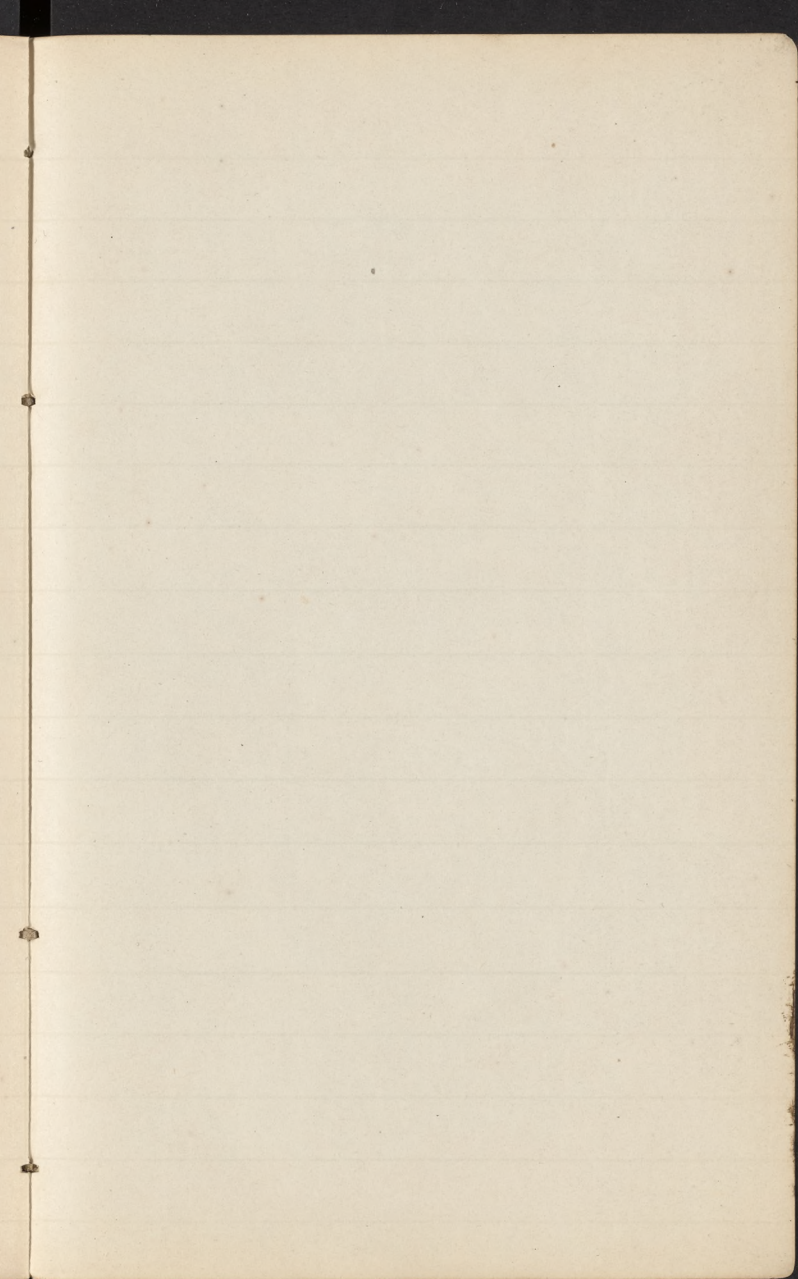


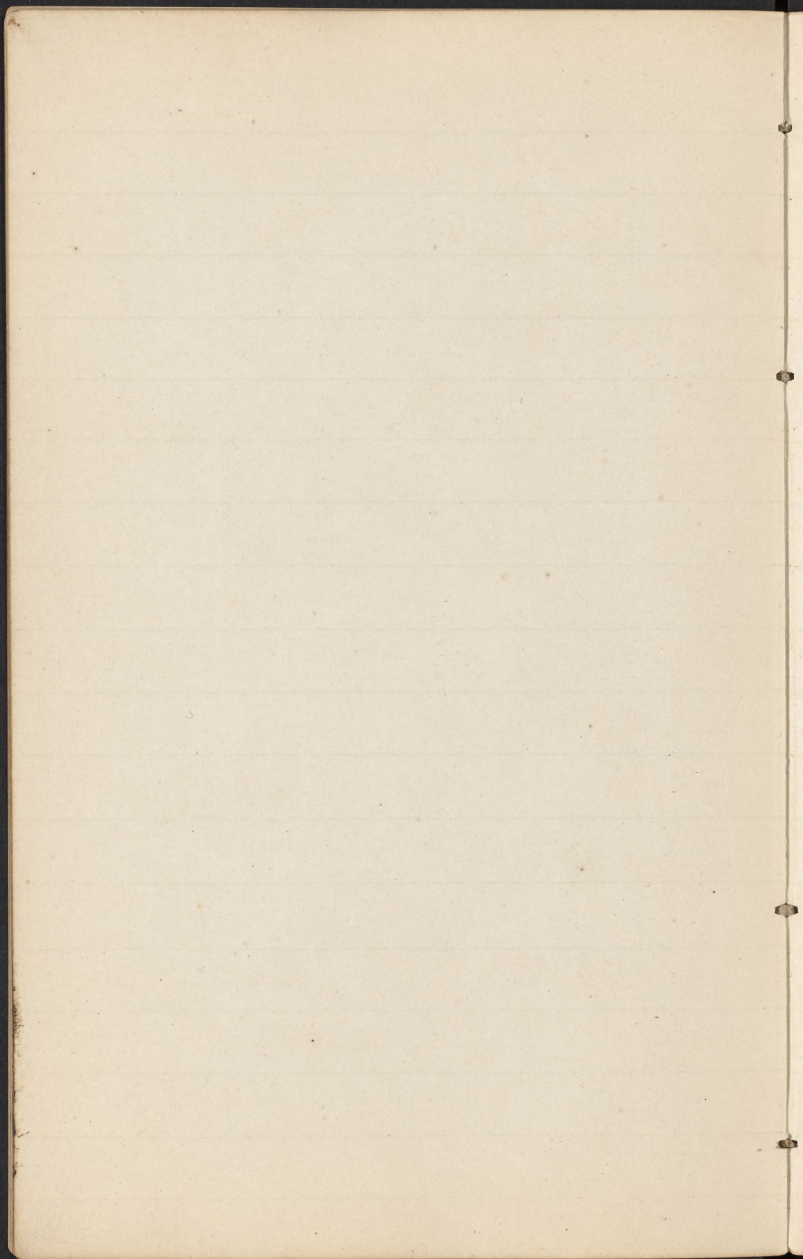


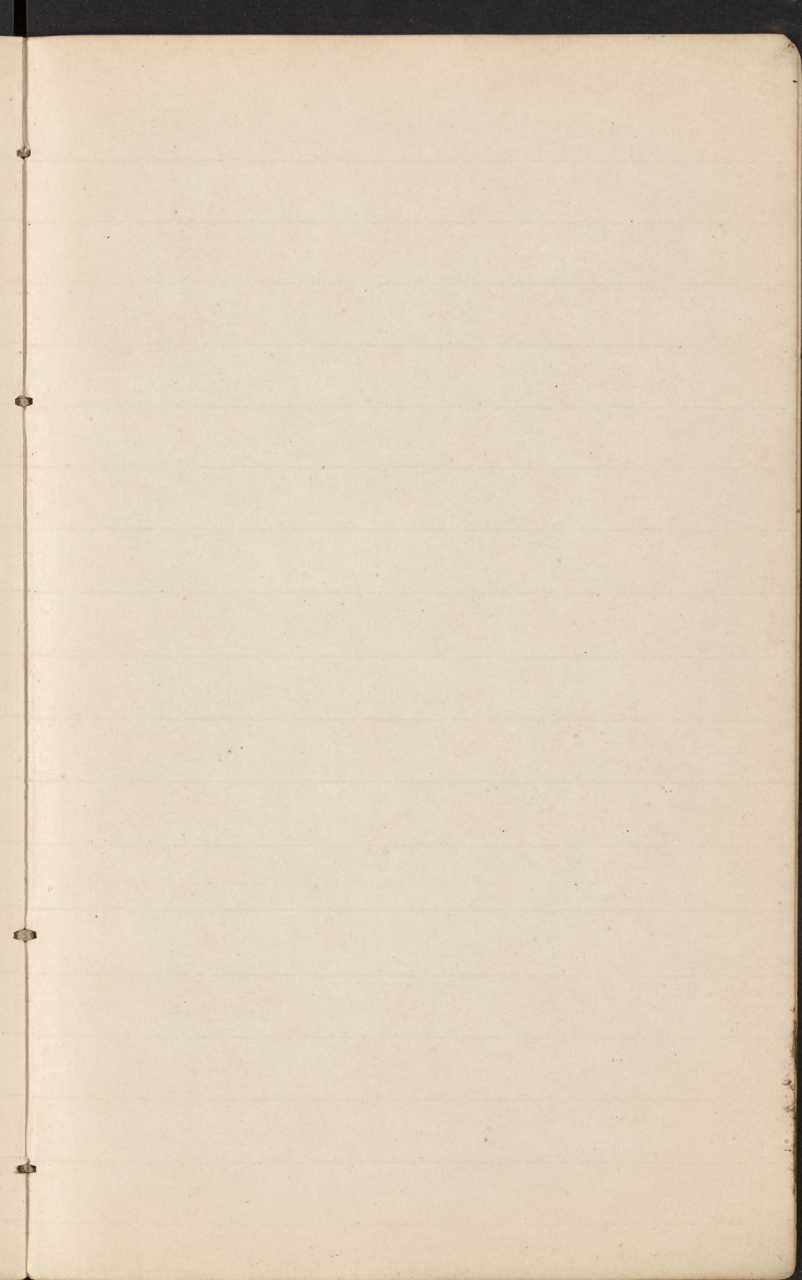


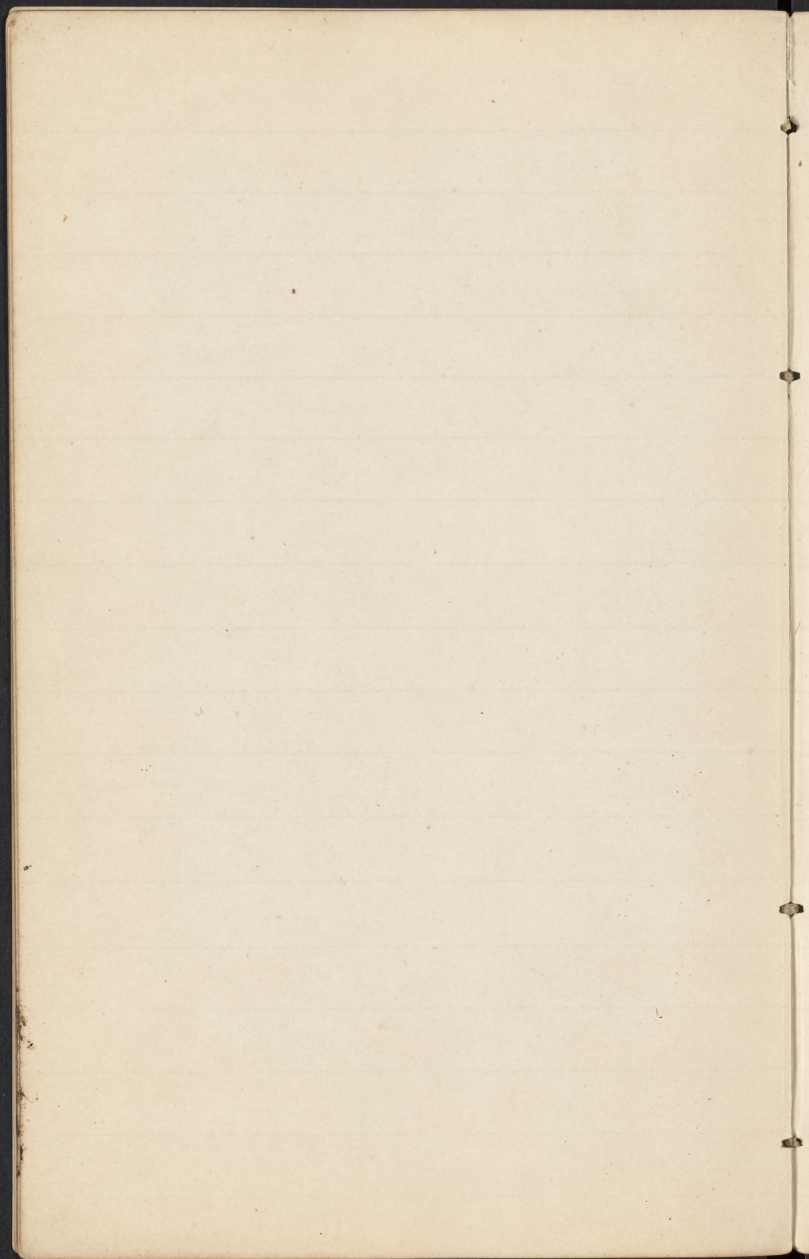


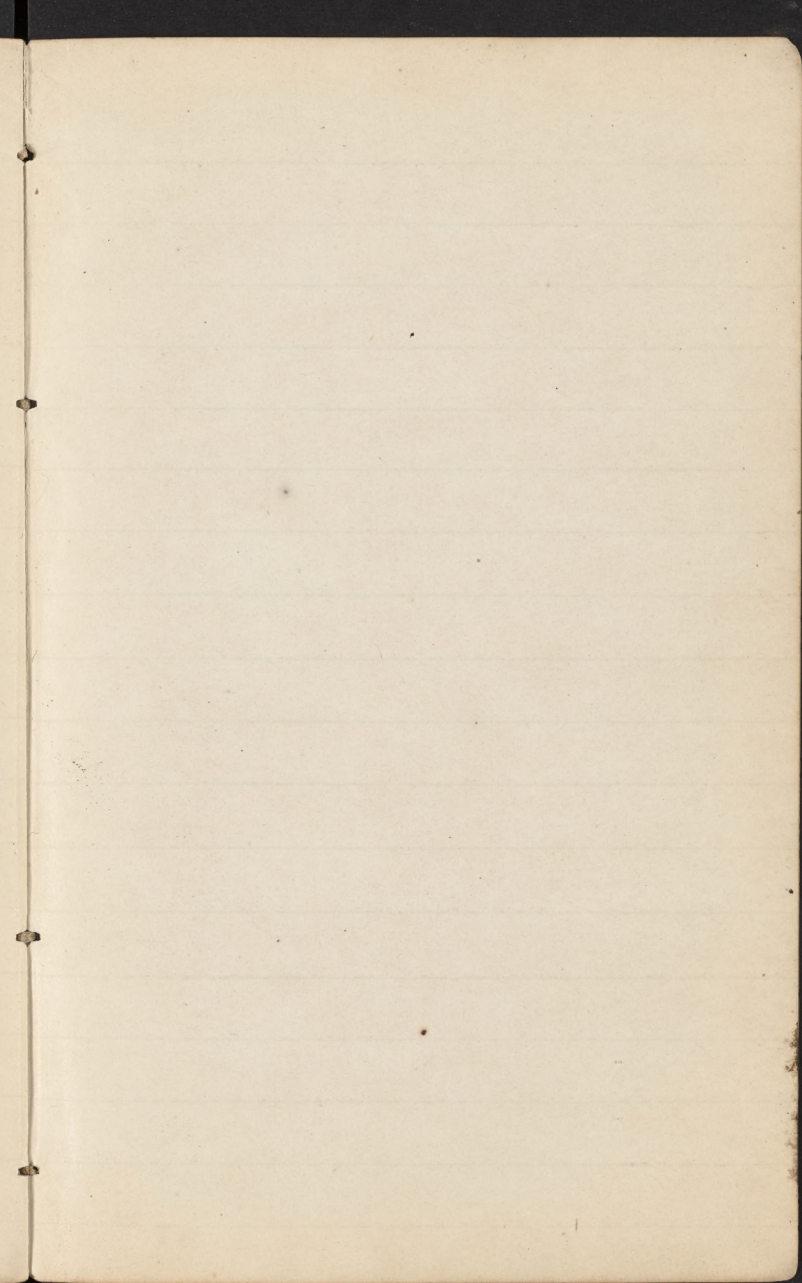


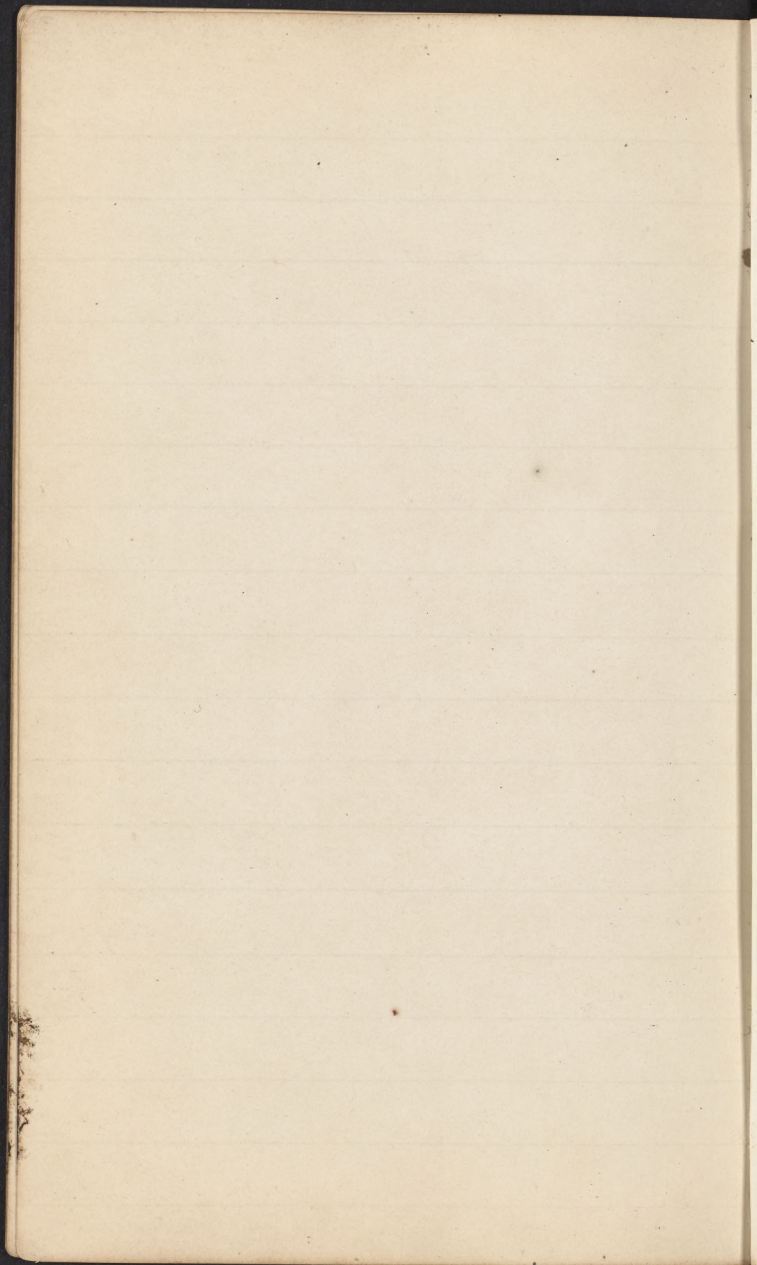


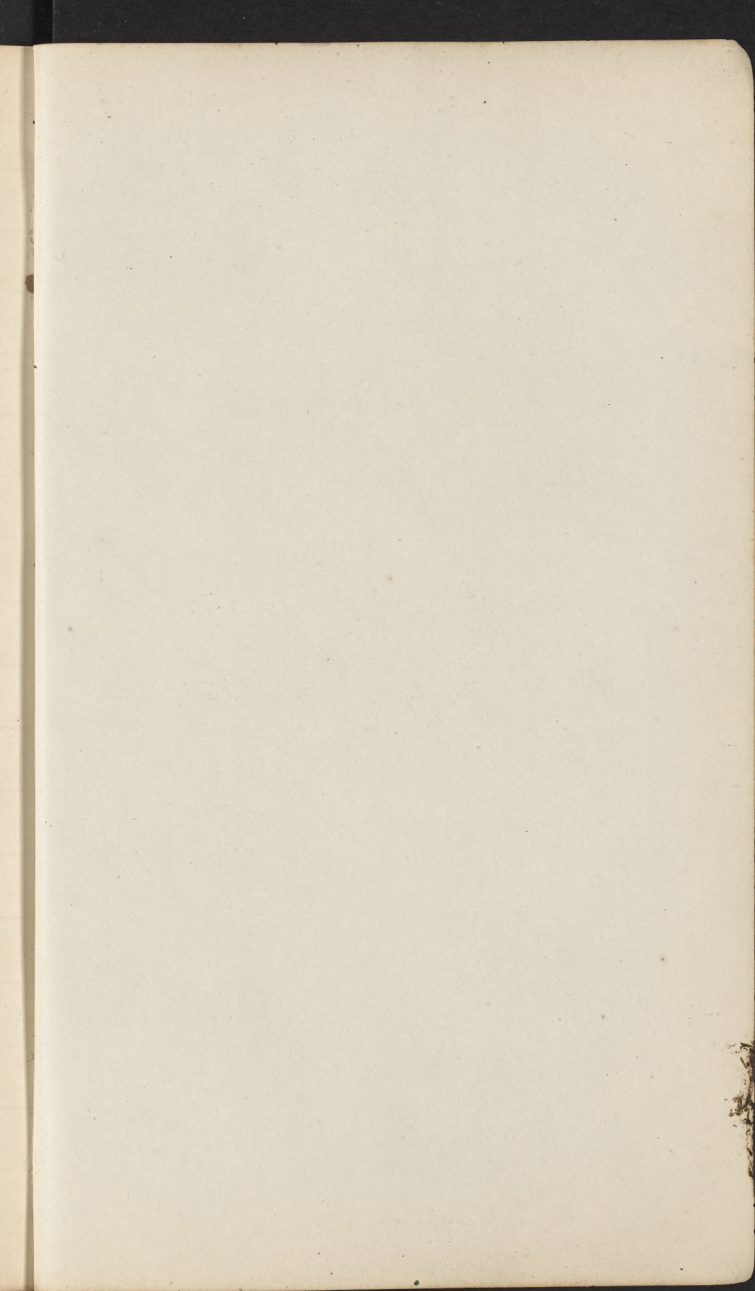












Tupera

1782 Chestnut

DISINFECTANTS.

Dr. J. N. McCormac, in the *South Western Medical Gazette*:

Burning is the only reliable disinfectant of the discharges from the lungs and throat in phthisis, diphtheria and scarlet fever.

Boiling destroys all known disease-germs, and completely disinfects clothing and bedding.

Chloride of lime, four ounces to the gallon of water, efficiently disinfects the discharges from cholera, typhoid and dysentery, whether from the mouth or bowel.

Bichloride of mercury and permanganate of potash, two drachms of each to the gallon of water, are equally efficient, and are odorless, but are poisonous, and require longer time to act.

Super-heated steam is also equally potent, but is also inapplicable except in public institutions.

Sulphur is reliable for disinfecting rooms; three pounds for every thousand cubic feet of air should be burned in an iron vessel, closing all apertures in the room from access of air. The vessel should be placed in a tub of water; let it remain for twenty-four hours. Afterwards wash walls, etc., with the chloride of lime solution.

Sulphate of iron retards decomposition in privy vaults, etc., but is no true disinfectant.

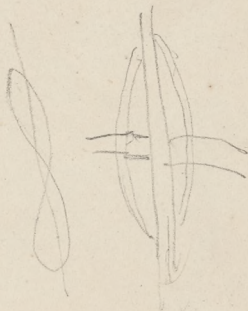
Liner of the chloride of Iron
 that's what he will use
 Rx Potas & B. J. B. II
 Sec. Liner 9th & 10th

Rx Potas Carb 3ss
 Laud 3i
 Strychnine gr 3
 Water 39
 Linnæ 3i
 Ferri Pyro Phos 3iv

Rx Potas Carb 3ss
 Ferri Pyro Phos 3iv
 Aqua 3ix

Rx Ferri et Potas Carb 3i
 Ling S. 3i
 Aqua 3i
 S. 3i

146 n. 20.









ly restored to health, by this most useful prescription of Dr. Dwight S. Moore:

℞ Cocaine hydrochlorat.. gr.ijj
Atropia sulphat..... gr.j
Morphia sulphat..... gr.ij
Bismuth oxid..... ʒj
Pineoline..... ʒij

M. Sig.—To be applied twice a day.

Infantile Eczema.

When occurring on the scalps of infants, eczema passes rapidly through the erythematous and vesicular to the pustular stage, and is characterized by the formation of thick greenish-yellow scabs, covering a raw, red and cracked surface.

Seborrhoea.

May appear on any portion of the body, but attacks chiefly the scalp and face. It appears either in the form of an oily coating on the skin or as dirty-white or yellow flat scales which are more or less greasy and adherent (*dandruff*). Dr. Howard S. Munday claims this combination cannot be excelled:

℞ Sulph. sublim.....	℥ss
Balsami Peru.....	℥j
Pineoline.....	℥ij

M. Sig.—Saturate scalp first with olive oil; allow to macerate 10 or 12 hours, when the scales can be readily removed with soap and warm water, then apply, rubbing in thoroughly daily.

Rx Albolene $\text{℥} \text{v}$
 Eucalyptol ℥ss
 Menthol $\text{grs } \text{X}$

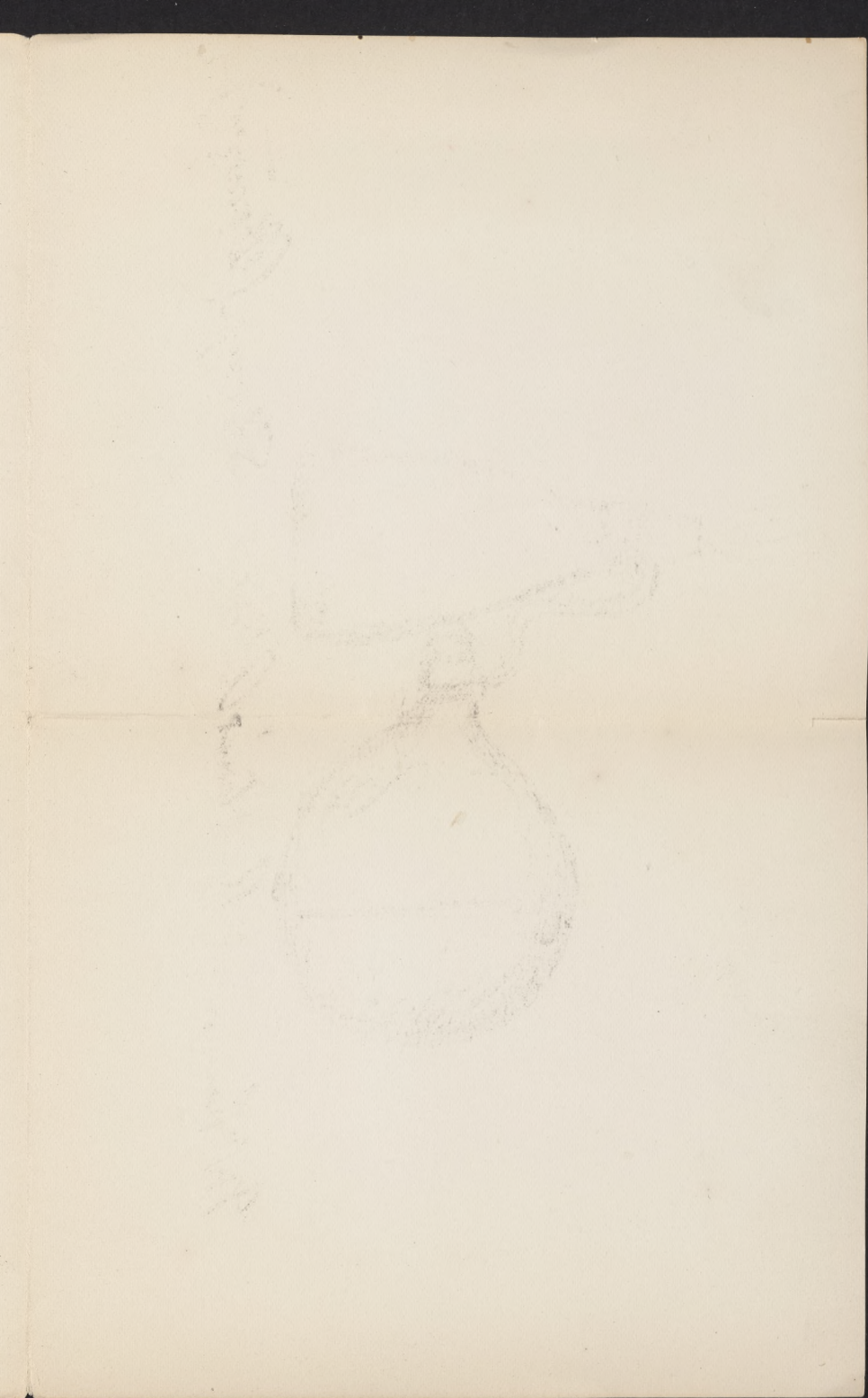
H. S. use in atomizer for
 throat.

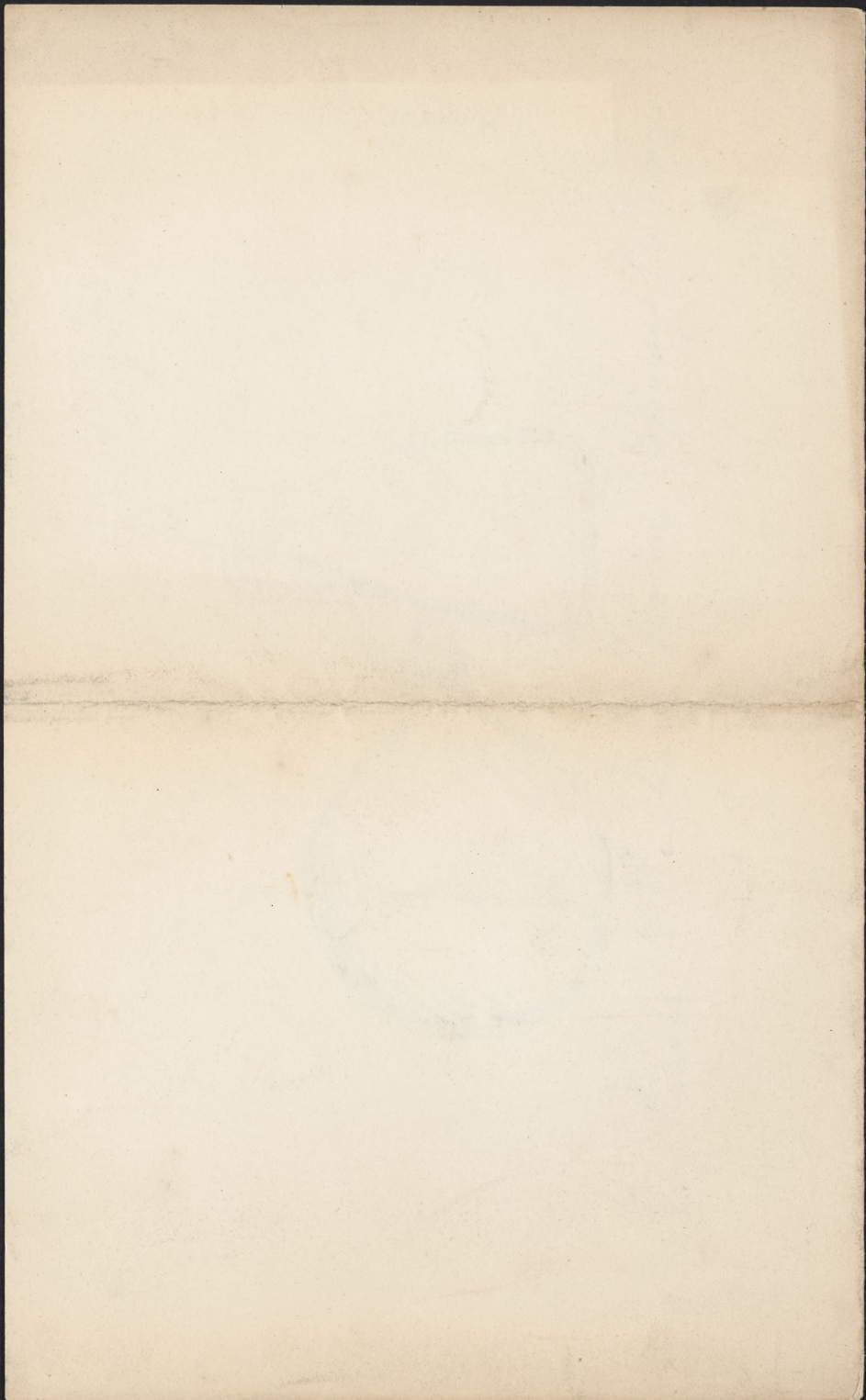
Rx Lavebene "muds" $\text{℥} \text{v}$
 Eucalyptol "muds" ℥ss
 Menthol ℥ss
 Albolene $\text{℥} \text{iii}$

H. S. use in Atomizer -



W. K. & Robinson's Alkaline Spray (Atomizer) -





John Wyeth & Brothers
APOTHECARIES,

1412 WALNUT STREET.

R

Pulv. Antim. Tyson grs i^o

Pulv. Doveri grs v

Potass Citras grs xxx

M Div. in Chart No x ii

Sig. - For Dr. Howie's child

One every two hours for cough

Copy D. A. H. Smith

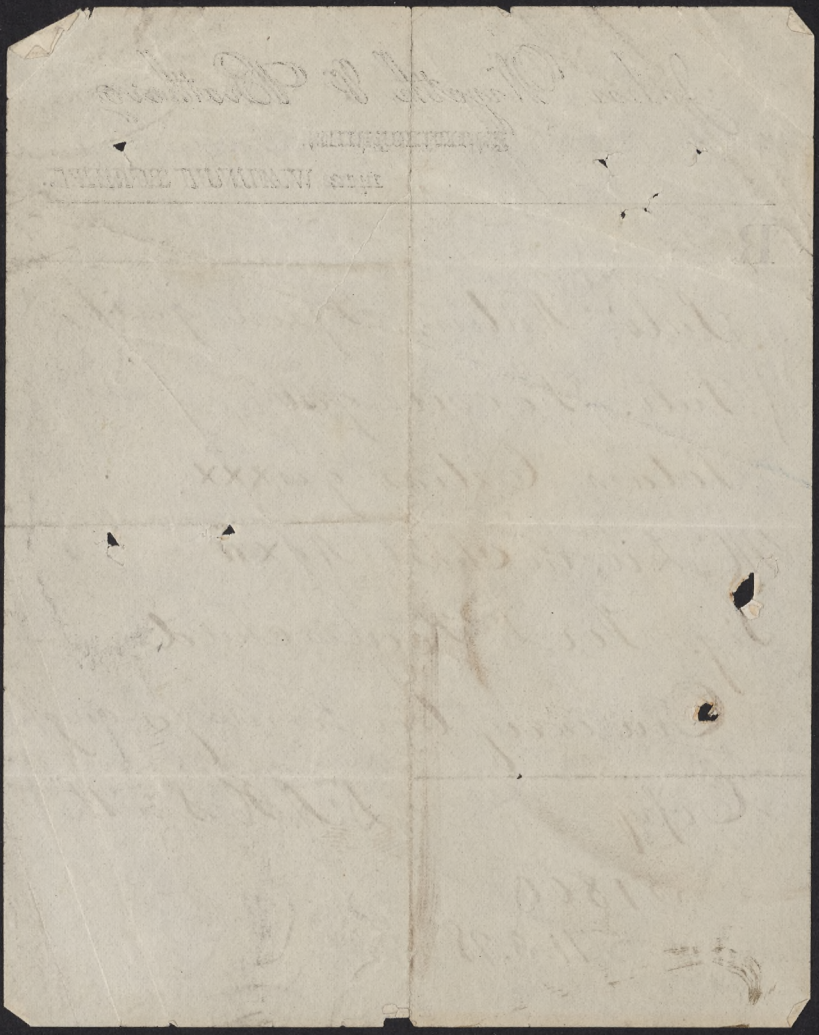
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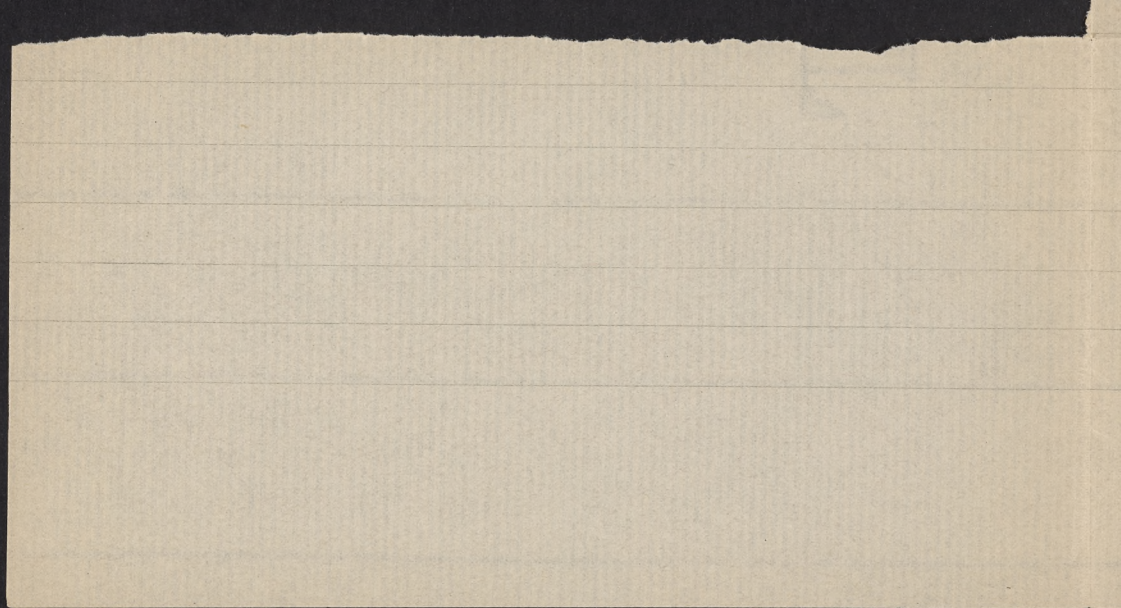
11.3.78

John C. Smith & Co.

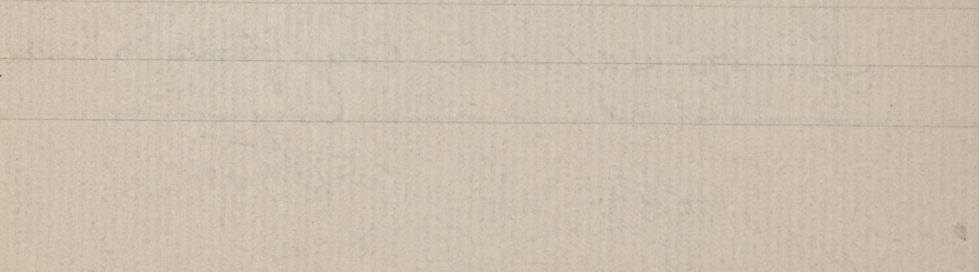
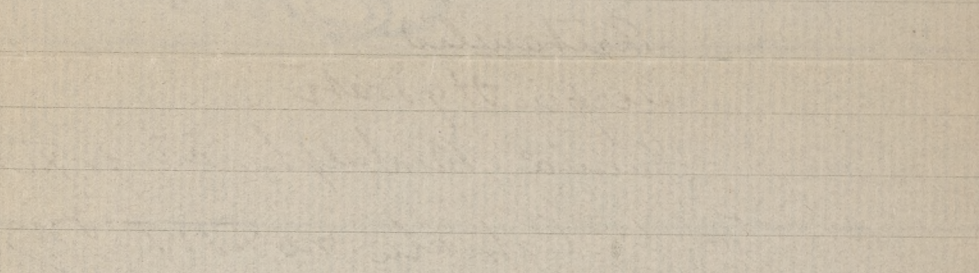
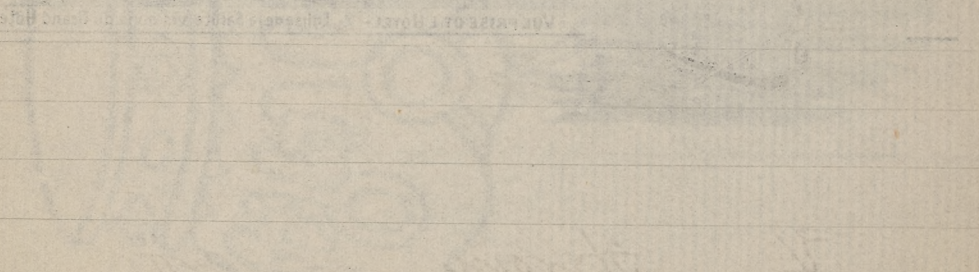
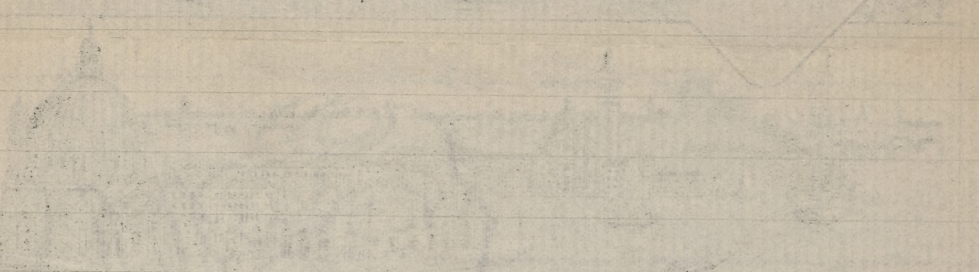
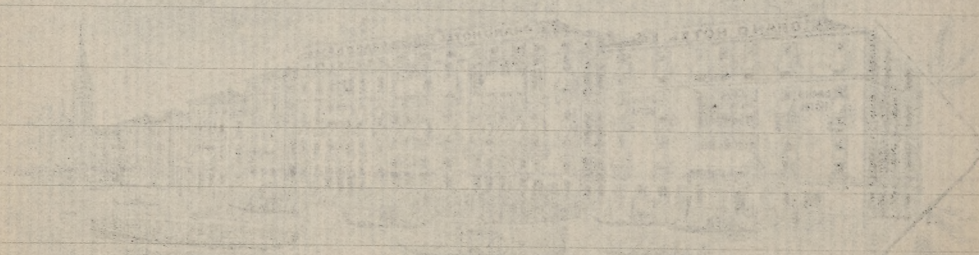
NEW YORK

THIS WARRANT CERTIFICATE

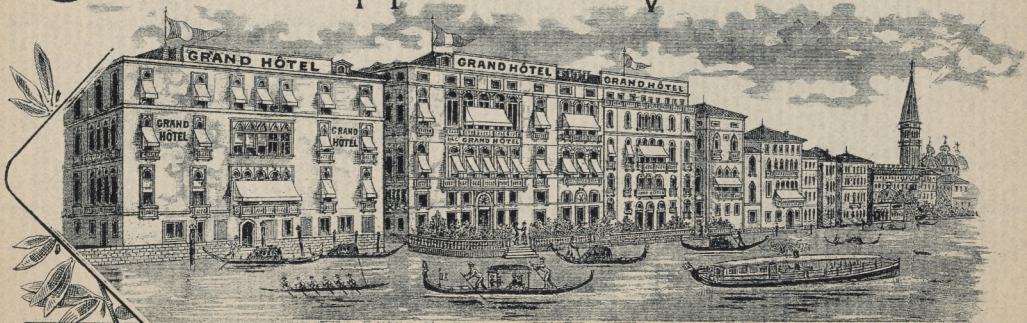




GRAND HOTEL-VENISE



GRAND HÔTEL-VENISE



-VUE PRISE DE L'HÔTEL- (Eglise de la Salute vis-a-vis du Grand Hôtel)

DUCC. FONTANA - VENEZIA

R

Heroin

grⁱⁱ

Acetanilid

Serpia Hydrate

Quinia Bisulph. aa gr^{XLVIII}

M. J. Capsulae no^{XXIV} div.

S. one capsule every four hours

For Dr. Howe

From

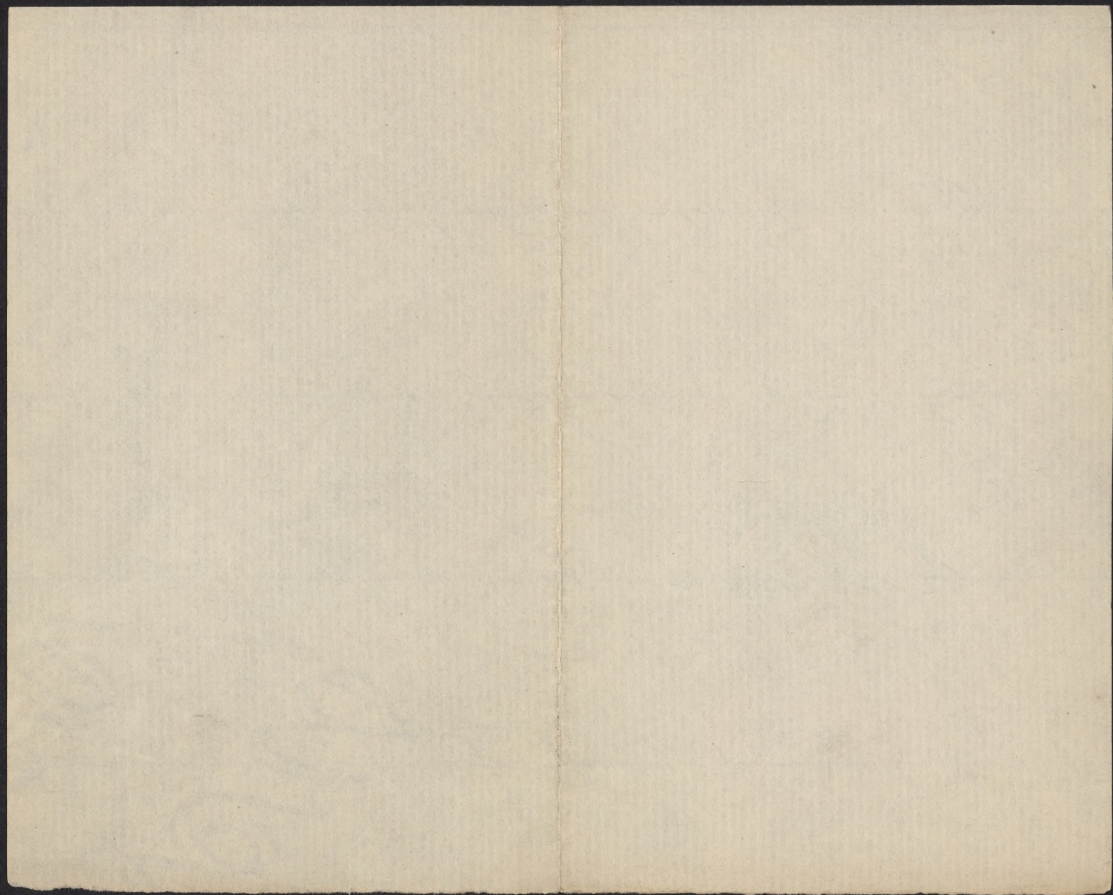
22
7

Brewer's Yeast - 93ss.

Milk - 1 qt.

Maltine - 93ss.

St. stand on back of range for
 $\frac{1}{2}$ an hour. Then cool and take -
It will keep 24 hours. H.M.H.
Given by Percy D. M.F.



DIRECTORY FOR NURSES.

HALL OF THE COLLEGE OF PHYSICIANS,
N. E. Cor. 13th and Locust Sts.

Telephone No. 3807.

Philadelphia,.....18

Male and Female Nurses may be obtained for all cases at any hour of the day and night.

FEES.—For sending a nurse,

between 7 A. M. and 6 P. M., - - - \$2.00

between 6 P. M. and 10 P. M., - - - 3.00

between 10 P. M. and 7 A. M., - - - 4.00

For furnishing information as to disengaged nurses, 1.00

For wet nurses (uncertified), - - - - - 5.00

“ (certified after special medical examination) 10.00

All charges must be paid in person or by letter cash in advance. When a nurse is ordered by telegraph, the money must be sent by telegraphic money order in advance.

MRS. M. T. LAKE, *Secretary.*

Mr Ash S. Pennington
4059 Spring Garden St

[SEE OTHER SIDE]

NOTICE.

Please report immediately to the Directory the name and address of the nurse with whom the engagement is made, the date at which it will begin and, if possible, the date at which it will end.

It is earnestly requested that any failure to find a nurse will be promptly reported to the Directory.

Any failure on the part of the nurse to fulfill an engagement should also be similarly reported.

The following suggestions also are made in the interest both of the patient and of the nurse.

In case of absence of a nurse, all messages should be left accurately in writing to insure prompt attention. Never trust merely to the memory of the person answering your call.

Traveling expenses should be paid by the patient and the nurse's washing be done.

A nurse should have sufficient sleep (if possible a continuous one), an hour for exercise in the fresh air every day, and facilities for bathing at suitable intervals.

A lunch or an early meal should be provided for the nurse, if required to sit up at night.